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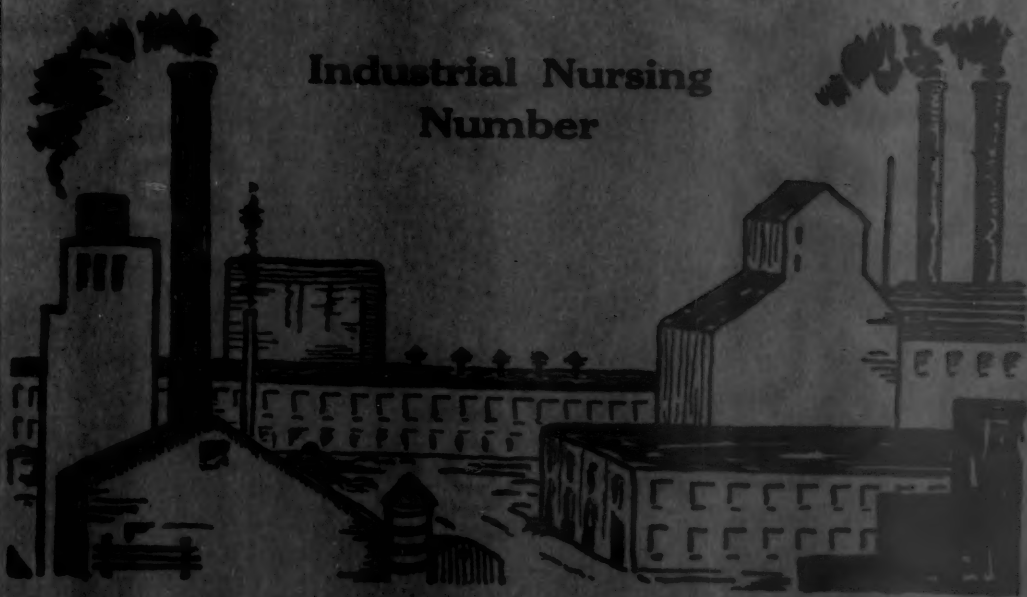
The Public Health Nurse

Volume XXIII

February, 1931

Number 2

Industrial Nursing Number



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The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing, Inc.

Volume XXIII

FEBRUARY, 1931

Number 2



INDUSTRIAL NURSING

We enter upon the venture of our first special industrial nursing number of this magazine with satisfaction and rejoicing. It is by no means a new idea, but the culmination of some years of thought and effort, and a final assembling (thanks to the interest of the National Organization for Public Health Nursing) of suitable material which we hope will be found timely and helpful, not only to industrial nurses, but to all our readers interested in the community health program.

It is fitting that on this first page of our special number, we pay tribute to the pioneers in this field—two industrial nurses whose position in the development of this series is of unusual historic interest: The first graduate industrial nurse in the United States, employed by the Vermont Marble Company in 1895, whose name unfortunately is lost in history; and to Florence Swift Wright, a public health nurse who from 1911 until her untimely death in 1921 not only held positions as an industrial nurse in several large commercial concerns, but also found time to write down her experiences for the benefit of all future

industrial nurses. Indeed, her book, *Industrial Nursing*, first published in 1919 and again in 1928, still remains the one authoritative text book in this field. Miss Wright wrote: "It is recognized that each plant and each industry is a separate problem requiring an elastic and flexible nursing service. It is not too much to expect, however, that there will be ultimate standardization of certain necessary methods, records, equipment, restrictions, etc., which will mean greater efficiency and safety. . . . The industrial nurse cannot be spared from industry. When capital and labor have learned that co-operation and mutual understanding are essential to human welfare, she will reach her full usefulness. She will continue to serve employer, worker and community as long as workers suffer accident or illness and as long as the laws of health are unknown or disregarded in plant, home or neighborhood."

We believe our greatest steps forward since these words were written are: The assignment of a staff member by the National Organization for Public Health Nursing to the develop-

ment and interests of this special field; the work of the Industrial Nursing Section of the National Organization for Public Health Nursing which is the national body representing industrial nursing; the formulation of a program under an advisory committee consisting of the executive committee of the Industrial Nursing Section and representatives from the fields of industrial medicine and hygiene, industrial nursing, safety, and industrial relations; and, we say it in all modesty—the publication of this special number.

It is also appropriate to mention here the gratitude which we feel toward the National Tuberculosis Association for its generous support in launching this program. Without the interest and financial assistance of this organization, the promotion of this industrial program could not have been developed so intensively at the present time.

If we bring a keener realization to all nurses and social workers of the

importance of the industrial nurse in the public health program, if we awaken a deeper desire in the industrial nurse to secure for her own program the highest standards and most forward-looking plans, if we turn the attention of employers to the opportunities which the industrial nurses have in promoting the health, safety, and happiness of their employees, our purpose in this special number will have been accomplished.

For the last twelve months, each number of our magazine has carried an article of special interest to industrial nurses*—it is our fullest intention to continue this interest as frequently as material and opportunity make it feasible. We hope industrial nurses will share their experiences with us through the pages of the magazine, and come to the National Organization for Public Health Nursing with any questions or problems that may arise in their work.

—KATHARINE TUCKER

THE PLACE OF THE NURSE IN INDUSTRY

When we survey the work of the nurse in industry we feel amazed at the multiplicity of services that may be involved in a single day's routine. There is one principle common to all of these duties, namely, the essence of human relationships. This conception has been much neglected in solving problems of industrial adjustment.

Conditions have changed. No longer does the employer know every worker intimately; it is not possible in this day of grouped business, amalgamations, mergers, and consolidations. The individual worker is but a cog in the great machinery of human personnel. Because of this, it is all the more necessary to make detailed analyses and studies of sociological relationships.

That this type of study is important in groups is evidenced by the experiments now going on in the Universities of Chicago and Yale, where schools of human relations have been established. It is further proved by the varied experiences of welfare groups, where a

sincere effort is made to analyze and understand the human motives back of the behavior problems of those who seek their aid. Miss Ruth Wendell of the Chicago Trust Company in reading a paper at the Biennial Convention in 1926 said something so apropos that I quote it verbatim. Speaking of the influence that a nurse may have on the social activities of an institution, she stated that social functions were numerous in her group, for said she: "We believe that people are nicer to each other when they get to know each other." Carrying the illustration a little further, she said that it was interesting to note the many ways in which social activities helped to solve mental problems. An older woman in an organization, for instance, seemed to have drawn entirely away from her old morbid self after taking part in a "stunt" at one of the dinners given by the company. Incidentally, she became very much easier to work with after this entertainment.

* See page 101.

All of this may be summed up by saying that *the basis for coöperation is understanding of the individual*. The greatest lesson taught by Erich Maria Remarque's colorful novel "All Quiet on the Western Front" is that, after all, the young German soldiers were really human beings! Strangely enough, they had the same aspirations, hopes, and feelings that our doughboys had.

The crying need in industry today among people who come to you for counsel and advice can be expressed by the phrase which should become the prayer of every man or woman who has an earnest desire to succeed: "Help me to help myself."

We can borrow a phrase from the title of a recent article written by Grantland Rice, the eminent sportsman. He says "Check your grip." I would apply it not to the grip used in golf, as Mr. Rice did, not to checking baggage, as someone might interpret it, but to morale, in determining the causes of many difficulties which arise among the employees of industry. I sincerely believe that the great accomplishments of the future in industrial

relations, safety and health, will be along the lines of sociology and social psychology.

Any nurse, therefore, who thinks that because of her technical training, or because of her ability to control inanimate things, she can be a success in industry today, is making a great mistake. It has been well said by one of our health authorities that it is not the great sword thrusts of affliction that weigh people down and cause them to become confused in their human relationships, but rather the pin pricks of worry and cumulative friction which cause difficulties so great that the balance between human beings is badly disturbed. The nurse in industry will succeed in direct ratio to the extent to which she informs herself, observes, and finally, critically analyzes the factors responsible for minor social conflicts, and assists in the discovery of methods by which such conflicts can be successfully overcome.

—C. O. SAPPINGTON, M.D., Dr.P.H.,
Director, Division of Industrial Health, National Safety Council, Chicago, Illinois.

THE INDUSTRIAL NURSE AND THE OFFICIAL HEALTH ORGANIZATION

The first and most important thing which the public health department can and must do for the industrial nurse is to recognize her place in the public health program. I regret to say that there are industrial nurses who have not realized that they are public health nurses, in the broader interpretation. They have not recognized this because we—public health officials, have not recognized them. We have allowed them to become engrossed in the detail of their daily work, and so to miss the larger and wider vistas of service before them. We cannot expect management, which is intent upon successful operation of its business, to point out the opportunities for service which lie at the door of every industrial health nurse. That is not their job; it is our job.

Recognition of the place of the industrial nurse among public health

workers means departure from the narrow conception of this nurse as a roller of bandages, a purveyor of little pink pills, a swabber of iodine or its latest substitute. It means widening the outlook, making something more of her than a guardian of the payroll through accident first-aid service, or a watchdog of the employers' liability costs through the same channels. It does not mean abandoning these, for she has given and must continue to give proper regard to the obligations which she owes management. It does mean adding other functions.

Whether she wills it or not, the industrial nurse becomes a health educator; either a good one or a bad one. The people in the shop or the office or the store come to her for advice. If she knows her job she will welcome them, and will strive to fit herself so that she may be a safe source of infor-

mation. In this, the public health agency can help her. Let us see how.

The health organization can and must offer the industrial nurse free and easy access to all its facilities for information and service not only because industry is a heavy tax-payer but because the industrial nurse needs these opportunities if she is to reach her fullest expression of usefulness. More than that, the health department must pay her the compliment of asking her coöperation in its various projects such as campaigns for smallpox vaccination, examination of preschool children, diphtheria prevention, physical examination of school children and preschool children, early diagnosis of tuberculosis—any of those special efforts which can succeed only by community-wide coöperation. The industrial nurse is in a key position with respect to almost any phase of public health work because she is able to reach parents direct with a health message.

Sometimes it is the father whom she can reach, sometimes the mother, depending upon the nature of the industry which she serves.

To sum up the whole question of relationship between official health organizations and industrial nurses, we require but four words—they need each other. Neither the industrial nurse nor the health department can afford to ignore, slight or antagonize the other. Competition may be the life of industry but it is most certainly the death of social work, including health work. The only kind of social or health work that will ever succeed is that which is accomplished through the smoothly functioning coöperation and inter-relationship of various agencies which is possible only through liberal employment of that supreme lubricant, coöperative good-feeling.

—W. W. BAUER, M.D., *Fellow A.P.H.A., Commissioner of Health, Racine, Wisconsin.*



Organization and Administration of Industrial Health Units*

By GLENN S. EVERTS, M.D.

Medical Secretary, Philadelphia Health Council and Tuberculosis Committee

AN industrial health unit, as considered in this paper, is composed of a group of plants, each having 100 to 500 employees, which for purposes of health supervision are grouped into a single administrative unit with a total of approximately 1,000 employees. One industrial nurse, if her time is carefully scheduled and the plants reasonably near together, can serve that number satisfactorily and do the necessary travel between plants.

In discussing the organization and administration of industrial health units I shall rely upon the experience of the Philadelphia Health Council and Tuberculosis Committee, which has conducted such units successfully for the past four years. There may be necessity for modification of these plans and methods under different circumstances.

HOW TO ORGANIZE

In the organization of the unit service there are three requirements, the plan, selling the plan, and setting up the physical equipment.

A fully worked out plan is an essential in organizing the health unit. This plan should cover specifically the services which are to be rendered, the methods of operation, and the costs to the employer both for equipment and maintenance. It should also include a statement of the benefits to be expected by the employer from the service. The Philadelphia plan enumerates the following as the services to be provided for each plant:

1. Physical examinations including examinations of all applicants for work before or shortly after employment; reexamination at intervals of employees having physical defects; annual examination of employees.

2. Medical and surgical relief including

emergency treatment of accidents and minor illnesses occurring at plant and follow-up of all compensable cases; advice as to the correction of defects found upon examination; follow-up of sick employees in their homes by nurse when necessary; coöperation with family physician of sick, injured or defective employees.

3. Instruction in first aid to selected individuals or groups in each plant.

4. Industrial hygiene and sanitation including sanitary survey of plant annually; sanitary supervision of plant including regular inspection.

5. Health education and hygienic instruction including health talks to employees, health classes for women workers, posters and especially prepared leaflets, motion pictures on health problems affecting industrial workers where suitable arrangements can be made.

Benefits derived are decreases of absenteeism and turn-over, with consequent increases in production through:

1. Prevention of contagious diseases by detection, isolation and vaccination.

2. Prevention of slight illnesses developing into serious sickness.

3. Diagnosis of early beginnings of serious types of illness, as tuberculosis, kidney disease, heart disease.

4. Advice to employer in placing of physically defective workmen at occupations where they can do efficient work without accident hazard.

5. Investigation and advice regarding sanitation and any industrial health problems which may arise.

The cost of medical and nursing service alone is borne by the participating plants. This cost is \$4.50 per employee per year, payable monthly. Plants participating also have the expense of equipping a clinic or first aid room which costs from \$100 to \$400, depending on the size of the plant.

Selling the plan to the employer is the most difficult step in the organization of an industrial health unit. Many concerns do not see the need for health

* Presented at the Industrial Nursing Section of the National Safety Congress, Pittsburgh, Pa., October, 1930, and printed here with the permission of the author and the National Safety Council.

services and must be convinced of its money and goodwill value to them. When an employer in a smaller plant is convinced of his need for health service, and has decided to provide it, a joint arrangement is the most economical method which he can follow. Selling industrial health service requires the difficult combination of a person fully informed regarding the value of various phases of industrial health work and also possessing skill in the psychology of salesmanship.

Personal interviews with employers has been the method used, supplemented with occasional talks to employers' associations, service clubs and other groups. A number of interviews may be necessary. In securing 19 firms with a total of approximately 4,000 employees, upwards of 900 interviews and re-interviews were required over a period of ten months. This seems a large amount of work for the results secured. But when it is remembered that each interview is an opportunity to discuss seriously the problem of health in industry with an employer of labor, the expenditure of time and money is fully justified as an educational procedure.

When the plan is accepted, a letter stating the agreement and its terms is all which is required as a contract. The arrangement is made for an indefinite period and can be terminated by either party on a thirty day notice.

The equipment of dispensary rooms at the employer's expense is a part of the plan. When the service is ordered the person in charge of the selling, an industrial secretary, consults with the firm regarding suitable rooms for the clinic and the modifications necessary to adapt these for the proposed work. The favored arrangement is a rectangular space divided into a large and a small room by a partition cutting it partly in two. The secretary also furnishes a list of equipment and supplies needed, with costs and discounts. The firm orders this material which is checked upon delivery and placed in the dispensary by the secretary. The preliminary organization is then com-

pleted and the administration of the work begins.

ADMINISTRATION OF HEALTH UNITS

The following essentials of administration should be mentioned:

The schedules, the inauguration of the work, its day by day operation, the work of the nurse, and the transfer of the unit.

The administration begins with making out a schedule of physician's and nurse's visits to plants. Making out this schedule involves infinite detail since the visits of physician and nurse must be made to coincide, must be properly spaced throughout the week, allow adequate time for travel between plants taking into consideration the location and street car lines, and provide for each plant the amount of medical and nursing service which its number of employees calls for. A minimum of three hours of health work for each 100 employees is scheduled—one hour of physician's service and two hours of nursing service. For purposes of this schedule the average number of employees at each plant is used. In practice it has been found necessary to increase the amount of time spent in the plant by special visits for health examinations, redressings or report work. To provide for these special visits, Wednesday and Saturday forenoons of the nurse's time are left free. Notices of the scheduled hours of physician and nurse are posted throughout the plant.

The actual administration is usually preceded by a meeting of employees by departments in which the purposes of the Health Service, the necessity for reporting all injuries, however trivial, to the clinic, and the value of health examinations are explained and emphasized. The organization of a first aid group to serve in case of need during the absence of physician or nurse is also announced and later a course of first aid instruction is given to them.

Clinic work begins with the health examinations of employees. As rapidly as possible examinations are made of all workers. The health examinations

are not compulsory, but by beginning with the members of the firm and the foreman, a spirit of coöperation is secured so that ordinarily all of the employees wish examination. A sanitary survey is also made early in the work and this report transmitted to the employer. Thereafter monthly sanitary inspections are made. The first health examinations and the sanitary survey enable the physician and nurse to become familiar with the employed force and with the health problems of the plant.

The day by day work of the clinic follows the procedure of any industrial clinic excepting that it is part-time work. A system of blanks for reference of employees to the clinic, for physical examinations and for treatment, for reference to personal physician or clinic, and nurse's day sheets are put into use. Records are kept under lock in the clinic. A card index of cases requiring follow-up is in constant use. First aid workers report all activities to the clinic, weekly reports of the clinic activities are made to the operating agency which makes monthly reports to the firms, including the number of patients visiting the clinic, departments and the reasons for the visits.

It should be pointed out that the nurse in the units tends to become the key to the permanent success of the service even more than does the physician. She must assemble the cases needing the physician's attention so as to utilize his time in the plant to advantage. Her schedule of visits places her in the plant prior to the doctor's arrival so that she may do this. The doctor relies upon her for the first handling of many matters which he reviews when he reaches the clinic, definite instructions having been formulated regarding various situations which she will meet. It is evident from this that the industrial nurse in a unit must have administrative ability. When to this is added a good personality she becomes the essential factor in maintaining the service. Her better acquaintance with the employees and

with the firm prove her to be indispensable and make it possible later on to transfer the unit to the administration of the plants themselves provided her services are also transferred.

The coöperation of members of the firm, and particularly of the foremen and forewomen, is essential to the successful administration of this service. In order to secure this, special meetings of these persons are held for conference and mutual information. To supplement the educational aspects of the unit a monthly health poster service is maintained, motion pictures occasionally are shown, and classes of women workers organized.

This unit service of the Health Council is in the nature of a demonstration of the practicability of joint health service among smaller organizations. Integrated into the plant routine—in from one to two years—it is turned over, together with the nurse and the physician who have been carrying on the work, to the administration of the plants themselves. Each plant then agrees to coöperate in the service and to use its part of the physician's and nurse's schedule at a proportionate share of cost. The nurse is relied upon to see that the unit functions. The Health Council makes an occasional check-up of this service after it is turned over, and holds itself responsible to step in and meet any emergency which may arise. Eventually it is proposed to organize an Association of Industrial Clinics for conference on common problems. Because of the knowledge of the actual health needs in each plant gained during the demonstration period, it has been possible so to adapt the schedules of physician's and nurse's time to the needs of each particular plant that there has been no break up of units which have so far been turned over to their own administration. The oldest of these units has now been in operation about four years.

RELATIONSHIP WITH OTHER AGENCIES

The relation of the health unit to the private physician and to industrial

clinics in hospitals is a matter regarding which definite understanding is required. The unit confines itself to the treatment of sickness and injuries as long as the condition is not sufficiently serious to take the employee from his work. If an illness or accident is such that the employee must stop working, he is referred to his personal physician or to a hospital, the reference being made directly by telephone. If, upon health examination, defects are found which need to be corrected, the employee is referred to his family physician, a clinic, hospital, oculist or dentist as the case may be. The employee remains under the physician's or hospital's treatment until he returns to work. If redressings are needed, then they are done by the unit in order to save the time of the employee for the firm.

The relationship of industrial units to insurance carriers is an important consideration. The charge for compensation insurance coverage is determined by rates fixed by the State Rating Bureau, based upon the accident experience over a period of five years. The insurance carrier is much interested in lowering the accident rate in order to make the insurance costs to the firm as low as possible. Otherwise the standing of the insurance carrier would be lowered and the amount of business secured would decrease in comparison with other insurance carriers. The service provided by the health units is approved by insurance

carriers since it tends to reduce the accident rate.

The health unit also enables the insurance carrier to care for certain compensable accidents at less time-loss expense to the plant than where the carrier does this in its own dispensary. Minor accidents are easily handled by the unit physician and the time which the worker loses is greatly reduced, the charge to the insurance carrier being a minimum one. Where injured workmen are obliged to be sent to the carrier dispensary or to a hospital for first treatments, frequently redressings need to be made over a considerable period of time after he returns to work. These are made by the unit at a minimum cost and the loss of time of the employee in going to the outside agency is saved to the employer.

The establishment of a health department in a plant having upwards of 500 to 600 employees and thus able to use the full time of a nurse is comparatively easy. Such an establishment need only equip a clinic, employ a nurse, secure a part time medical service, and go ahead. But plants not having enough employees to warrant a full time nurse must look to a joint arrangement in order to secure health service at an expense proportionate to what large plants pay. The health units whose organization and administration I have described constitute an attempt to demonstrate the practicability of such joint service, an attempt which so far has met with a large measure of success.

LIGHTING

The condition of the lighting is a very important factor always to be considered in analyzing the cause or causes of an accident. The most perfect eyesight in the presence of defective lighting loses its power to furnish us with clear vision, for the eye is completely dependent for its functioning on proper and adequate lighting. If a person through defective lighting has his vision impaired 50 per cent, a real accident-causing hazard is presented thereby.

Glare is equally harmful to correct eyesight. The eye simply goes out of commission in the presence of high glare and robs us of the safety which the eye can furnish if we give it the proper light it requires and must have. Therefore, irrespective of all other conditions present at the time of an accident, this matter of lighting must not be overlooked for it may be the cause of the accident. A leading casualty insurance company, some years ago, made a study of defective lighting and accident causation and expressed the opinion that as high as 15 per cent of all industrial accidents are affected by defective lighting.—Arthur B. Carruthers in *Safety Engineering*, October, 1930.

The Industrial Nurse's Introduction to Her Job

By MARY E. ZEHRING, R.N.
Frigidaire Corporation, Dayton, Ohio

THE nurse who receives an appointment as industrial nurse usually is introduced to industry through the medical department. To outline the nurse's part in the organization, giving her one specific method of procedure, is impossible. Her function depends upon the attitude of the management toward the medical department, the particular product being manufactured, and the types of individuals with whom she comes in contact. These elements, however, may be very well presented to the new nurse by the company physician. He can explain to her the policies of the company, the type of product made, and the hazards pertaining to the particular industry; for instance, food industries, or textile industries have entirely different problems to consider than has the automobile industry. He may remind her that she must be willing to make allowances for every race, creed, and disposition, remembering that she is dealing with sick and troubled people who are not always responsible for their actions and attitudes; that the laboring man out in production, although he works on a dirty, greasy job, may be of the finest and thriftiest type. She should apply the principle of medical science to the individual just as physics and science are applied to the product.

Every industry has its peculiar problems and it is the duty of the nurse to familiarize herself with the problems and hazards of her own plant, so that she may be able to treat her patients intelligently. It will not be possible for the new nurse to learn all about industrial nursing in a day, a week, or even a year. There are always new problems arising in whose solution she must exercise her best judgment.

GETTING ACQUAINTED

To have a clearer conception of the work, the industrial nurse should, first

of all, make a trip through the plant, conducted by someone who can explain the operations intelligently, and may perhaps point out why and where safety devices are advisable. This knowledge of working conditions is a prerequisite for her work, since in dressing a wound it is necessary to know the type of work the man is doing, in order to know the type of dressing that should be applied. It is always imperative to make a neat, small dressing that will satisfactorily care for the injury, with no loose fringes exposed which might come in contact with the machinery, causing a more serious accident. The employee may be working in water, or a solution containing acid, or some other chemical compound. It will be necessary for the nurse to know how to apply a water-proof dressing to protect the injured or infected surface.

Several qualifications are essential in choosing an industrial nurse. Physical appearance means much, and both first contacts and subsequent meetings are made more pleasant by personal attractiveness. Good health stands out as a chief requisite. A good constitution and a good nervous system are required to do industrial work. The nurse must have a kind of friendliness—friendly in this sense does not mean intimacy—but rather a kindly feeling toward others, which is completely within control of the individual. Her sense of humor should not be missing; sunniness, sympathy, bigness of heart, and understanding help a great deal when a patient is in discomfort or pain. Personality determines one's fitness for a particular job, as well as intelligence and capability. The industrial nurse must be eager, both to learn and teach, and willing to work hard for the betterment of the employee and the employer. She must ever realize that she is a part of the

production program—and keeping workers fit and on the job is certainly helping make a better product at a lower cost. Through her training, the nurse should have a sense of order, keeping things tidy, and conveniently in their place. Cupboards and drawers should be so logically arranged that she should never need to hunt for anything. She should practice economy in the use of her supplies, bearing in mind that avoidance of waste is always a part of any production program.

The original purpose of the Medical Department is to render first aid to injured workers, for loss of time means loss of money to the employer and loss of wages to the employee. The employer realizes that an accident causes a break in his production line. It is not only hard to fill that vacancy while the employee is off work, but it also costs the company money for doctor bills, hospital bills, and compensation for the loss of time; and since industrial organizations are in business primarily to make money, all expenses are watched closely. From an employee's standpoint an accident may cause loss of life, limb, or a permanent disability in addition to the loss of time and money, and perhaps much distress and suffering. Both points of view must be considered by the nurse when a patient reports to the Medical Department.

Many different kinds of injuries take place among industrial workers, depending entirely upon the product being manufactured. Here are a few of the injuries dealt with most frequently: Lacerations involving muscles, nerve supply and tendons, with a possibility of permanent disability; fractures of all kinds; burns caused from acid, molten metal, electricity, scalds, and flames; sprains involving muscles, joints, and back strains involving the lumbo-sacral area; bruises and contusions caused by heavy punch presses, falling objects, or from employees climbing carelessly; puncture wounds, caused from nails, wires and sharp pieces of metal or glass; eye injuries, from foreign bodies, or acid

burns; hernias caused by heavy lifting or strain; occupational diseases such as bronchial or lung affections from inhaling poisonous and irritating gases or fumes; silicosis, lead poisoning, skin rashes from oil, benzene, and cyanide. There are many little tricks to be learned in caring for these injuries. The industrial nurse must have an open mind, be willing to learn new things and to accept new ideas.

THE PHYSICIAN'S ORDERS

The nurse must understand thoroughly the physician's orders on what to do in an emergency. Unless a full-time doctor is employed, she must have standing orders from which to work. She should be resourceful, thoughtful, acquire the ability to think things through, not merely following a routine. While following the doctor's orders, she should be able to meet situations he has not specifically described. She should use her keenest judgment as to the severity of the case. If the case is of an alarming nature, the nurse can be sympathetic, but at the same time cool and clear in giving her directions. Nothing inspires confidence in an injured man as does confidence in one's ability to handle the emergency. If the injury is of a minor nature, the patient is brought in by the nurse, and seated comfortably. The nurse also should be seated while caring for this injury. Not only does this save the nurse, but it expresses a more friendly attitude toward the injured worker. There are many more phases to the treatment of a finger than just placing on a dressing. It is an ideal time to give the worker a lesson on prevention. He will be much more accessible to the subject which is at present so very real to him.

It is the nurse's duty to question the patient very tactfully as to the cause of the accident, report it, if necessary, to the safety supervisor, and have the cause investigated to prevent a similar accident recurring.

All claims for disability and all disagreements between employer and employee are handled through the Industrial Commission and the Workmen's

Compensation Laws. Accurate records and reports are very important. Do not attempt to remember the facts, record them. Give the employee's own description of the accident, not the foreman's, or the onlooker's. These records may be invaluable to the company for future reference.

Applying first aid is, however, only one of the services of the industrial nurse. As new employees come into the organization it is necessary, of course, according to good management in industry, for each one to have a complete physical examination.

as the result of employees having poor vision, defective hearing, heart trouble, and many other types of defects.

THE FIRST IMPRESSION COUNTS

Little do we realize what a new employee's first impression may be upon entering the medical department. As he is ushered into the waiting room and seated to wait his turn, he may gather a glancing impression of the running efficiency of the whole department. He should expect to see a very clean, well-lighted, and ventilated department with well-kept equipment in



*Courtesy of Employers Mutual Liability Insurance Co., Wis.
Well Kept Equipment in Good Order*

A great many employees do not care particularly for a physical examination upon entrance. In other words, they have come with one purpose in mind, that of getting a job, and anything that is likely to prevent them from getting a job they do not particularly care about. However, we believe we are rendering a great service to our employees in giving them medical advice and in protecting them from developing physical weaknesses that they might not otherwise notice or know about. As a result we will help to reduce accidents and sickness in our plant and reduce the loss of time and wages for our employees. In industries, similar to ours, it is not hard to visualize many hazards

good order. He should be taken care of as quickly as possible and not allowed to sit until he becomes weary and disgusted.

His impression of the nurse who greets him will be based on her poise and the friendly, interested manner in which he is received. This person may never have had a physical examination; his curiosity and fear may make him quite disturbed. Certainly this already present condition would not be relieved by a cold, matter-of-fact person, who performed her duties with the clock, just as if she were operating a machine and running through another piece of stock.

All physical examinations are, of

course, conducted by the physician in charge. These extra little courtesies are all a part of the nurse's duties in assisting the physician, so that he may operate in the most efficient manner. The new applicant soon decides just how much confidence he may place in this doctor and nurse, and whether or not he would ever wish to return for medical care if needed. In the eyes of the applicant and employee, these first few people whom he contacts, represent the company. One must contribute sympathy and interest, a willingness to explain things in detail to the man, and that is the desire of the company to be entirely fair in its action.

Another type of examination is one that is given to the employee after he has been absent because of sickness. It may even be necessary for him to bring a note from his family doctor stating the seriousness and nature of the illness, and containing the doctor's permission for the patient to return to his regular job.

RECHECKING DEFECTS

The medical department also rechecks defects found in the physical examination. Very often a man may be employed on condition that he have his teeth extracted or repaired, as the case may be, in a reasonable length of time; or he may need to have his eyes reexamined, to correct an impaired vision, or to change the lenses in his old glasses. These rechecks are made for the good of the employee as well as the employer, and are explained to him on this basis.

In some plants, a certain amount of medical work, in addition to examinations, requires the nurse's attention. Working under orders from the plant physician, she is called upon many times to attend patients for headaches, indigestion, colds, and many other complaints ranging from dandruff to flat feet. Here the nurse has an opportunity to do some important work in preventive medicine.

For example, a patient may come to the department asking for a headache

tablet. It would be easy enough under standing orders to give him an aspirin, grs. V, and dismiss the patient, but on questioning him we may find that he has chronic constipation. A special diet list high in residue content may be prescribed; he may be advised to drink an abundance of water, especially when arising in the morning, and a proper type of exercise explained to him. Or, we may find the headache brought on by eye strain and perhaps the need of glasses. Proper eye specialists are recommended, or if the patient is unable to pay for these services he is directed to the proper clinics in the city. We may also find the patient has been losing sleep, either from illness at home, from worry—financial or otherwise—or perhaps careless living habits. The nurse may be called upon for advice along many lines. She should always be very tactful so that misunderstandings do not occur.

There is considerable satisfaction in finding such defects and seeing them cleared up under proper treatment. The nurse's interest in patiently "keeping at" an employee until he has those defects corrected, is one of the many reasons why she is so invaluable. Patients with chronic colds in the chest should have afternoon temperature checks for a week or ten days, as a check for possible tuberculosis. Patients with focal infections such as decayed and abscessed teeth and infected gums and hypertrophied tonsils should be advised concerning their removal to prevent rheumatism and other serious ailments from developing.

The Medical Department is closely allied with the Personnel Department, whose purpose it is to help create a healthy, intelligent, and interested working force.

Visiting work is still another phase of industrial nursing. The nurse visits the homes of injured workers, or those known to be ill; renders proper nursing care and reports promptly to the employer the condition found. She continues to visit the disabled em-

ployee when necessary, being sure that he is receiving proper medical care. She is the one in the organization who can do real personnel work by helping to correct many of the conditions she may find in the homes, or referring them to the proper persons who may handle the situation. Home conditions are often reflected in the kind of work an individual is doing in the industrial plant. The nurse's ability increases with her length of service in an organization as she comes to know her patients better and to gain their confidence.

The nurse, then, must be completely

familiar with the plant policies and the organization, that she may cooperate in all things, and adjust herself to the surroundings. She should be interested in the many activities of the organization and be a "booster" for the things that make people happier. She should be informed on the topics of the day, be ready to add to her general knowledge of social trends and philosophies, and of useful books, in order to clarify her powers of reasoning and observation. She should increase her versatility along lines that may benefit others as well as afford much pleasure to herself.

Mental Hygiene Aspects of the Industrial Nurse's Job

BY ELIZABETH S. BIXLER

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AND

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ABOUT ten years ago, mental hygiene, stimulated by war neuroses, took advantage of the growing interest among industrial managers, economists and social workers in the personality factors of workers and turned its attention to the problems of peacetime employees. A comprehensive five year survey of the field has been made by Dr. V. V. Anderson in connection with R. H. Macy and Company, and reported in Dr. Anderson's book "Psychiatry in Industry." He states that of a store personnel of eight to ten thousand, "approximately 20 per cent are 'problem workers'." This figure, indubitably, is challenging to the mental hygienist. But it is interesting to note that in plans and experiments for psychiatry in industry practically no thought was given to the potential function of the industrial nurse. This is easily understood for, as Dr. Southard said, writing in 1920, "Up to the present time, the majority of physicians and the majority of nurses . . . have not had such training or direction of interest as to make them very helpful in the mental hygiene of

industry." It also seems noteworthy that in recent discussions of industrial nursing very little emphasis has been placed on the mental hygiene content of the work. With mental hygiene and nursing both entering the field of industry it seems fitting that the two should be introduced to each other and realize each other's value. Fortunately the situation is slowly changing and the principles of mental hygiene and psychiatry are beginning to permeate the curricula of schools of medicine and nursing.

The scope of mental hygiene in industry is broad, as shown in Dr. Anderson's report and includes "dealing with problem workers, the study of departments, the placement and guidance of young employees, the selection of executives and industrial health work." In many of these fields the psychiatric social worker is proving herself an invaluable asset. She has the necessary training and equipment to bring to the work. But there remains the field of industrial health where the nurse is already on duty. Here the possibilities of applying men-

tal hygiene are numerous, varying of course with the industry, the type of nursing job and the nurse herself. It is doubtless true that a great many industrial nurses are employing mental hygiene principles in the guise of "common sense" or "human interest." But this only emphasizes the need for more scientific training, for even sympathetic and kindly treatment cannot be entirely effective. For instance, the nurse may learn that an employee's headache has been caused by sleeplessness due to worry. In caring for this symptom intelligently she must be able to call equally upon her knowledge of both the physical and the emotional basis of the employee's illness.

In the large industries a medical department includes one or more full time doctors and nurses. The duties of the latter consist largely of caring for employees who report to the plant hospital. Among these a large number actually may need psychiatric treatment, some being definitely psychotic cases and others "chronic hospital-users," those who have a particular need for the sympathy and attention which they derive from frequent visits to the medical department. Although such cases should be transferred to the psychiatrist or to the personnel department, if there is one, the least one should expect of the nurse would be an intelligent understanding of the diagnosis and an ability to help in carrying out treatment.

In smaller industries the responsibilities of the nurse are proportionately greater as the medical staff decreases in size. A constant factor is her contact with employees, whose confidence it is her first task as a mental hygiene worker to win. Her usefulness thereafter extends in as many ways as the spokes of a wheel. She will find people suffering from anxiety because of illness or unhappiness in the home, inadequate finances and for a hundred other reasons both real and "imaginary." The present insecurity of unemployment makes particularly pertinent the understanding of worry as

a cause of mental ill health. If, as is true in many industries, the nurse makes home visits, her field for teaching mental health is further increased. She has the entree to the home afforded the public health nurse and she should have the ability to sense the situation needing attention and to instigate the proper therapeutic measures. Accident cases will need emergency and symptomatic treatment but the cause of the accident must not be neglected and it is obvious that other than physical forces may be present. Accidents are more apt to happen to people who have had previous accidents than to those with a clear record, and personality factors have a large part to play in their incidence. If the accident is a case for compensation the alleviation of fear and worry on the part of the employee and his family is an important task for the nurse. Frequently the industrial nurse is called upon to do personnel work. Her contact with employees is thus strengthened as she sees them not only when they have been touched by accident or disease but at the time when ideas of physical and mental hygiene, especially in their preventive aspects, should be most acceptable.

TYPICAL PROBLEMS

The following illustrate a few acute problems where the nurse with understanding of mental hygiene principles could have been of considerable assistance:

The factory nurse was called to the office girls' rest room where she found Miss A. in hysterics apparently unable to give any reason for her condition and demanding that all the girls in her department be called "just to be with her." The nurse soon banished the group of consoling girls but could get no reason for the upset. However, Miss A. calmed down and returned to work. A second hurry call came a few weeks later, when the nurse did get a history of late hours and improper diet and a mistake in the girl's work for which she had been reprimanded by the supervisor. Other similar occasions followed until this employee was in real danger of losing her job because none understood her "need for attention," as a psychiatrist might term it. A nurse with an understanding of mental hygiene might have handled the case so that even a second attack would not have occurred.

Miss B. was a machine operator—one of a group of three on the machine. She was capable of fair production and quality. Frequently she would lose control of her temper, verbally abusing her fellow-workers, even doing slight damage to the machine. At these times she would not brook correction from her supervisor, would be impertinent and would leave her work altogether, which was a good thing for everybody concerned. She generally went to the clinic at such times, complaining of headache or fatigue and wishing to lie down. She would not mention to the nurse anything about the work, and the department did not at that time notify the nurse of conditions. After this had occurred several times the nurse suspected that something in the department might be the cause of the visits to the clinic. Upon inquiring, she found the conditions as mentioned above. The girl was very reserved, did not seem to want to answer any questions and insisted that nothing was bothering her. What was the nurse to do, having no background on which to rely? However, a psychiatrist was available. Through his study of the problem Miss B. was given a different type of work in another department and an acute mental illness was averted.

Miss X. first came to the clinic apparently suffering from a digestive upset. She refused the treatment the nurse wished to give her, was sullen, refused to answer questions, just wished to be "left alone." Visits to the clinic became frequent, pain seemed more severe each time and finally there was a marked rigidity of the hands and fingers during the attacks. Each time she was advised to see her own physician but she did not do so. Finally the factory physician induced her to go to a large hospital clinic where she was given a thorough physical examination with X-rays. The report came back that there was nothing organically wrong. After the girl was told this she seemed to be better for some time but the attacks of rigidity began again, this time without the pain. Psychiatric aid was secured and it was found that this employee had been over-devoted to her mother who had recently died after a long illness, leaving the young girl alone. Under treatment, in which the nurse cooperated, this girl lost her sullenness, began to take some interest in her personal appearance, made friends

among the boys and girls of her age and finally with a little urging from the nurse joined the girls' club. About eighteen months later she married. Months of unhappiness could have been saved this girl if the nurse had been educationally equipped to handle such a problem.

These are but examples of the countless such difficulties in every industry which the nurse who thinks along the lines of mental as well as physical health could recognize and help. There is a crying need for industrial nurses better informed in mental hygiene. The medical department is the place where employees needing this sort of help come, thinking their ailments are entirely physical, when a really understanding nurse could see almost at a glance that the physical aspect was the minor one.

The question remains as to the training in mental hygiene required by an industrial nurse if she is to handle effectively the innumerable problems of personality and mental health that will confront her. Many public health nursing organizations are introducing mental hygiene programs and the effect of these may be felt in due time as industrial nurses are frequently those who have had either undergraduate or graduate training in public health. Primarily, however, we need more emphasis on mental hygiene in the schools of nursing. When a student has been taught in all the different branches of her profession to consider both the mental and the physical aspects of the disease and of the nursing care thereof, she will have a well grounded understanding of the importance of the mental and emotional life of an individual and she will carry over into industrial nursing the ability to view a situation as a whole.

SPLINTERS DANGEROUS

Splinters are the most widely spread hazard of all accident causes. The average person thinks a splinter injury is of slight importance. Really, such an injury is extremely dangerous. It makes a punctured wound which a layman cannot properly treat. Antiseptics will not reach the bottom of the puncture unless the wound is cut open to admit treatment. This must be done only by a physician. Many splinters enter the flesh and do not cause an infection, but since there is no guaranty of immunity it is better to get the wound properly treated. Eighty per cent of injuries from wood splinters and 86 per cent from metal splinters become infected. Workers should get medical attention at once before infection can set in.

—*Industrial Hygiene Bulletin, New York.*

The Industrial Nurse's Responsibility in Relation to Heart Disease

BY RUFUS B. CRAIN, M.D.*

FOR the past few years heart disease has headed the list as a cause of death in the United States, and the mortality rate is still rising.

The United States Public Health Service,¹ in a survey of certain states for the year 1928, showed "that 228 persons of every 100,000 died from heart disease as compared with 106 from kidney disease, 105 from cancer, and 100 from pneumonia—the four great killers of mankind."

For a number of years The American Heart Association² has been engaged in gathering data regarding the prevalence of heart disease. Its studies show that approximately 2 per cent of the population of the United States have organic heart disease. The relative causes of heart disease are given as follows:

Arterio-sclerosis	40%
Rheumatism	25%
Syphilis	10%
Various causes	15%
Unidentified	10%

The attitude of industry toward the cardiac has been undergoing a gradual change. Whereas it was formerly thought that heart disease doomed the individual to a life of dependency, it is now the belief that the majority of cardiacs are better off at work. A careful pre-employment medical examination with systematic follow-up and selection of work well within the applicant's limits has proved conclusively that cardiacs can make efficient employees. Furthermore, it has been shown that where such examinations and selection of jobs have been carried out, the occurrence of sudden death from heart failure while at work—an event greatly feared by most employers because of resulting compensation

claims—seldom occurs. The accident or sickness rate is no higher than with the average employee. Of course with certain types of heart disease, the industrial life span is measurably shortened.

The industrial nurse has a very definite responsibility for the welfare of this heart group. In order that she may exercise with the physician an intelligent oversight, she should be familiar with the known factors entering into the causation of heart disease and be able to recognize the more common cardiac symptoms. To this should be added a general acquaintance with the factory where she is employed, the physical demands of the various jobs, especially those involving any heavy lifting or stair climbing. The industrial visiting nurse will have a special field of investigation in the employee's home surroundings.

TYPES AND CAUSES OF HEART DISEASE

In one of the publications³ of the American Heart Association, entitled "What Is Heart Disease?" appears a very clear statement as to the causes and kinds of heart disease. It is presented below with some modification and necessary abridgement.

All heart disease is either (a) functional or (b) organic.

Functional Heart Disease: In this variety the nerves which regulate the heart's action are excessively stimulated or depressed, giving rise to "heart consciousness." Rapid beating, skipping, a sensation of pressure about the heart are common manifestations of this disorder. Mental strain and worry are frequently a cause; overindulgence in tea and coffee may be responsible. There is no structural change in the heart.

Organic Heart Disease: This means

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a change in the structure of the heart. There are two main varieties, congenital and acquired. The congenital type is comparatively rare. Not many children with this condition reach maturity.

Acquired kinds of heart disease are the results of many causes and may be put into three groups: heart disease caused by an infection, heart disease of the toxic and degenerative variety; and heart disease of the senescent or old age type.

INFECTIONS

As already pointed out, rheumatism is responsible for about 25 per cent of all cases of heart disease. It is by far the most important cause in children and young adults. While the exact cause of rheumatism is not known, it is believed to be a germ disease. In the rheumatic group are included: chorea (St. Vitus Dance), tonsillitis and "growing pains" in children. In fact, any sore throat may lead to rheumatism and heart disease.

Other infectious diseases such as pneumonia, diphtheria, influenza, typhoid fever, scarlet fever, measles, gonorrhea and syphilis may affect the heart.

Syphilis: Syphilis causes about one-tenth of all cases of organic heart disease. It usually attacks the heart in early middle life with an interval of fifteen to twenty years following the initial infection.

TOXIC AND DEGENERATIVE HEART DISEASE

Such conditions as diabetes, nephritis (Bright's Disease), goiter and high blood pressure are apt to cause arterial changes and impair the heart muscle. Certain poisons such as lead, the intemperate use of alcohol and tobacco, may hasten arterial changes. Lack of exercise will cause a flabby condition of the heart muscle as well as of other muscles. Fatigue, worry and under-nourishment are believed to be factors in producing premature degeneration of the heart and blood vessels. Exercise in itself will not damage a normal heart, but with disease already present may, if carried to excess, cause serious harm. The per-

centage of cases in this group, affecting people of middle age, is increasing.

ARTERIOSCLEROTIC HEART DISEASE

This form causes the largest number of deaths. Hardening of the arteries in most people is a very gradual process, not usually making its appearance before the age of 55 or 60. With the increase in the life span of the average person, more individuals are reaching the age of inevitable arterial change.

SYMPTOMS

The onset of heart disease is insidious. Even in an advanced stage there may be little or no sign of its presence until some unusual call is made upon the heart's reserve. Severe physical exertion or acute illnesses, particularly rheumatism in any of its forms, may provoke symptoms in an already damaged but compensated heart. Common symptoms are palpitation, pain about the heart, and shortness of breath, either at rest or upon exertion. Swelling of the feet and ankles may occur. Many cases of indigestion have heart disease as a basis. It is important to remember that some cases of acute indigestion may in reality be the very grave condition of coronary thrombosis where a clot blocks one of the arteries supplying the heart.

DISPOSAL OF CASES

Upon noting any of the above symptoms the nurse should get in touch with the plant physician at once. If one is not available, the patient should be encouraged to see his own physician. Here good judgment must be used. If the patient's condition is not serious he may be allowed to wait to see a physician until after working hours; otherwise he should be sent home in a car and the family doctor called. In any emergency where the patient is in collapse, it is dangerous to attempt to move him. He should be allowed to rest in the most comfortable position possible until a physician arrives.

Cardiacs as a class are nervous and apprehensive. Every effort should be made to allay their fears and restore self-confidence. The patient should not be allowed to read his record or to

learn what his blood pressure readings are. It is wise to refer him to the doctor for any specific information about his heart condition.

For purposes of reexamination and follow-up it is necessary that heart cases should be cross indexed. Upon the records of employees included in this list may be placed some symbol such as a cross (X) in red ink which will aid the nurse in identifying cardiacs and referring to the doctor any who are having symptoms. During an interview with one of this group, it is well for the nurse in a tactful manner to inquire about the patient's work and outside activities. Very often something will be discovered that has an important bearing upon his condition.

Where a visiting nursing service is maintained as a part of the Medical Department, there will be opportunity for a check on the patient's home environment when he is absent from work because of illness. Following is an outline⁴ of points to be observed during such a home visit. It can be completed in a few minutes and will render valuable data to the physician in charge.

CARDIAC RECORD—SOCIAL HISTORY

- Name _____ Date of Visit _____
 Address _____
 Home Conditions:
 (1) Tenement, apartment, private, furnished room, boarding.
 (2) Number of flights of stairs to climb.
 (3) Cleanliness (Good—fair—poor).
 (4) Ventilation (Good—fair—poor).

- (5) Heat—adequate?
 (6) Dampness.
 (7) Number of persons in family—overcrowding? Any cases of sickness in family (especially rheumatism and heart disease).
 (8) Distance from:
 (a) work
 (b) car line
 (9) Poverty.
 Mention any other condition found which might unfavorably influence patient's health, *e.g.*, too many home duties; family incompatibilities, etc.

Signature.....
 Visiting Nurse

Subsequent Visits:
 Date

Remarks

For patients who cannot afford the services of a physician, the nurse will need to utilize the out-patient departments of nearby hospitals. In large cities special cardiac clinics are often available. Some have evening hours that employees may not lose time from work. The nurse should aid in seeing that clinic appointments are kept.

Summary: There is urgent need for all health agencies to unite in an effort to reduce the number of deaths from heart disease and to limit the amount of disability it causes. The industrial nurse is in a strategic position to aid in the supervision of the cardiac at work. By being informed of the causes of heart disease, its symptomatology and the effect of adverse working conditions and faulty home environment in lowering or exhausting cardiac reserve, she may do much to prevent breakdowns and loss of time.

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3. Modified and condensed from "What Is Heart Disease?" Published by the American Heart Association, 370 Seventh Avenue, New York, N. Y. A.H.A. 1928 Series, No. 5.
4. Adapted from Social History—Detailed Cardiac Charts of the Heart Committee of the New York Tuberculosis and Health Association, 244 Madison Avenue, New York, N. Y.

INDUSTRIAL NURSING RECORDS

The National Organization for Public Health Nursing now has a loan folder of industrial nursing record forms which is available upon request as a week's loan.

Nursing Up in the Air

BY ELLEN E. CHURCH, R.N.*

WHEN Boeing System, one of the largest air transport lines in the world, announced it had employed a graduate nurse as the third member of the crew on its trimotored passenger transports flying between Chicago and San Francisco, a new field was opened to the nursing profession. This is the first company to employ women instead

there are far more applicants than there are positions available. The stewardesses average in age from 21 to 27 years and, because of requirements in uniform and weight, each approximates five feet four inches in height and one hundred fifteen pounds in weight.

The uniform, furnished by the com-



of male couriers as members of airplane crews. The experiment started six months ago, and the response of the traveling public has been such that company officials feel assured that the service has justified itself and that the employment of nurses, who are known as stewardesses, has been good policy.

The nurses, ten in number, were chosen from some 200 applicants. To qualify they must be graduate nurses with an excellent record as to ability and character at the hospital at which they were employed. Experience and personality are controlling factors in selection. It is interesting to note that

pany, is most attractive. It is a four-piece suit, including beret and cape. On the planes a gray smock and cap are worn. During the winter season beautiful tailored leather coats are substituted for the capes. The upkeep of the uniform is at the expense of the company.

The nurses have every other day off (or night, as the case may be) and two days or nights at the end of the week. Their work days average about thirteen a month, although they are paid on the monthly basis.

Their duties are varied. One activity is to furnish lunches while in

*Miss Church is Chief Stewardess of Boeing Air Transport, operator of the Chicago-San Francisco air mail, express and passenger line.

flight. As the first asset of the airplane is speed, lunches are served in flight rather than on the ground, except at Cheyenne, Wyoming, where hot meals are served while planes are being changed. The lunches are carried in hampers. A typical menu is as follows: Assorted sandwiches, cold fried chicken, potato chips, cake, cookies, olives, coffee and lemonade; for the midnight lunch, sandwiches with hot drinks are served. Meals on this transcontinental, twenty-hour flight between the Great Lakes and Golden Gate are interstate affairs, with breakfast in Chicago, lunch over Omaha, dinner at Cheyenne, and a midnight supper over Nevada. Several stewardesses have already flown in excess of 100,000 miles.

The stewardesses supply reading and writing material, send telegrams and dispatch letters, furnish pillows and, in the high altitude sections of the flight, passengers are given blankets if necessary, although the planes have forced heating and ventilation.

Contrary to popular opinion, the stewardesses do not frequently have to administer to those suffering from air sickness. A check made of passengers traveling on the Chicago-San Francisco line shows that not more than five per cent are really ill from air sickness. Experience shows that much of this discomfort could be reduced if passengers would eat properly before boarding the planes, and get on the ships in good physical condition. Sometimes people taking their first flight fail to

eat a hearty meal before boarding the ship. This is a mistake, since the person who eats a fairly substantial meal before flight is less susceptible to air sickness. It is also true that fewer people are air sick on their second trip than on their first, when they are apt to be nervous.

Night flying is new to most travelers, but the stewardesses have found that practically without exception and even on their first flight, passengers are asleep within an hour or so after the take-off. Many passengers profess a preference for night flying, since passengers on the Boeing line can travel between cities as distant as a thousand miles between dusk and dawn without losing business hours. Stewardesses frequently find passengers who take night flying so casually that they scarcely awaken when a landing is made.

In general, the function of the stewardess is to see that the trip is made comfortable and interesting for the increasing number of people who now recognize that air transportation is an important and increasingly necessary unit in their national scheme of transportation. Regular schedules, large passenger transports, improved airports and great terminals, together with the added dependability of the radiotelephone, enabling the pilot to talk to the ground stations and to pilots of other planes in flight, and lighted airways and directive radio beacons to keep him on his course, have brought about this change.

AIR DOCTORS

An air ambulance with silent engines is being made for use in remote parts of the British Empire, says the *London Observer*. France has already formed a branch of what is called medical aviation for her African colonies. The United States Department of Commerce has also secured air ambulances for use in the Great Lakes district, where sick persons in isolated settlements are often carried with speed to hospital or clinic. The planes in use here are fitted with wheeled cots, hot and cold running water, electric fans, etc. It is for grappling quickly with an epidemic, however, that medical aviation is expected to prove most useful. Organized medical aviation was first employed in Siam, a country in which epidemics have hitherto spread with dread rapidity. In the winter of 1927 an epidemic broke out in the Ubol province. The Governor telegraphed to Bangkok. Within a few hours of taking-off in six airplanes the doctors and nurses were coping successfully with the epidemic. Used in coöperation with wireless, with which the world's lonely outposts are being gradually equipped, medical aviation is probably destined to nip in the bud many a terrible plague.

The Industrial Nurse's Responsibility in Eye Health

BY MILDRED G. SMITH

Director, Nursing Activities, National Society for Prevention of Blindness

PREVENTION of blindness and conservation of vision must be ranked high among the important measures in any industrial program planned for the welfare of the employee. Compensation for injury is not enough—economic and humanitarian considerations demand a plan for prevention.

The inestimable value of eyesight makes the eye a factor that cannot be neglected, or just casually considered. The workers in the office, the store, the factory, must be protected from eye injury and over-fatigue, and educated to appreciate the value of good vision and to observe the rules for conserving it. In all this, the industrial nurse has her own important part to play.

By "prevention" we usually mean the prevention of some definite catastrophe, as an acute illness or accident. Even this is not enough—conservation should accompany prevention. To maintain that which is good is perhaps the wisest, the most necessary program of all. Certainly it is one of true economy.

The industrial nurse—like every other public health nurse—finds that she is held entirely responsible for comparatively few health measures; she shares her responsibility with the physician. Her opportunities, however, for promoting, strengthening, and adding to the health program, are almost without limit. To be successful in her service the industrial nurse needs not only knowledge and deftness in first aid, but a complete understanding of what positive health really

means, its maintenance as well as its improvement, and an ability to seek the signs of health, as well as to observe evidences of illness.

In considering any special phase of health, we must be thoroughly convinced in our own minds of the importance of the inter-relationship of bodily functions. Not one organ or function can be considered as a thing apart from any other organ or function. Too often this fundamental truth has been forgotten when the eye and vision are considered. Now that the eye grounds are studied in making a diagnosis of systemic conditions, it is becoming easier to think in terms of the relationship of the eye to the rest of the body. If we also recall that during the building of the baby's body before birth, from that part which we later know as the brain, bud and push forward two parts—the eyes—we can readily appreciate the influence the eyes must have upon physical and mental conditions all through life. Eyes are a forward part of the brain, as it were, and therefore part of the nervous system itself.

To mention "eyes and industry" immediately brings to mind "accidents." This mental reaction is to be expected, for in industry there are still far too many eye hazards. It is estimated that in the United States, 15 per cent of the blindness that could have been prevented is due to industrial accidents.*

There are two points of attack on this problem: first, education of the employer and employee in the necessity for provision and use of safety de-

*"Eye Hazards in Industrial Occupations" by Louis Resnick and Lewis H. Carris, 1924. Illustrated. Published by National Society for the Prevention of Blindness, 370 Seventh Avenue, New York, N. Y. (Paper binding \$1.50; fabrikoid \$2.50; special prices on quantity lots.)

Deals with the types of eye injuries sustained in industries and the precautionary measures which should be employed; the relation of refractive errors and diseases of the eye to accident; industrial lighting and first aid to eye injuries.

vices on machinery, proper lighting and goggles for the worker exposed to glare or flying particles; second, the absolute need for immediate and expert care of every case of eye injury, no matter how trivial that injury may seem. To accomplish either of these ends is a big task, and both are imperative if the present sacrifice of eyesight is to be overcome. Doctors find much trouble resulting from foreign bodies in the eye, the real disturbance often being due to an awkward attempt at removal by one who is not trained in the proper and safe procedure. Every effort should be made not only to discourage, but to forbid a workman's attempting to remove any sort of foreign body from another workman's eye. This first aid should be given in the agency's health department, by the physician or nurse, and there only. Goggles would prevent these accidents in the first place, but goggles are not supplied as frequently as they should be or are not consistently used when they are supplied. Here the industrial nurse has as great an opportunity as any one to use her influence in getting the worker to wear goggles. It is she who is thrown in contact with the worker at the time of an accident when goggles have not been worn, and she is very often in a position to teach the lesson exemplified by the workers' neglect to take advantage of the safety measures available.

As big as the problems of accident prevention and care are, they still are not all that the industrial nurse must be concerned with. She is interested in eyes as a factor in the whole health of the worker, and is mindful of all the conditions which affect them. She is interested in the health of the eye as it relates to vision, and as it relates to the health of the individual.

ACUITY TEST ESSENTIAL

As an employee is placed on the payroll, his physical check-up should include an acuity test as well as an eye inspection. The ability to see accurately and without undue fatigue is essential in most jobs. A vision test is important. It is worthy of

sufficient time and thought to make it accurate and therefore valuable. A record of the individual's ability to see may at some time be of extreme importance when a medical decision is to be made, a decision in which the employer as well as the employed may be affected.

To make an accurate acuity test, certain recognized standards of method and equipment should be observed. The industrial record should be comparable to the school record as well as to records of other industrial plants. Body conditions and mental attitudes are built up slowly; the past as well as the present must be known if the state of health is to be fully understood and protected.

The chart in general use for acuity tests is of the letter or symbol E type, and according to the Snellen scale. While devised for illiterates, the E chart can be and is used with satisfaction—some feel with greater satisfaction—for literate adults. Whatever type the chart may be, it must be accurately printed, in dense black and sharply defined letters. The chart must be adequately lighted and without glare. Two bulbs in a trough-like reflector placed at one side and at the front of the chart, give very good light. An ordinary goose-neck desk lamp, with the aluminum tinted reflector and a 60 watt daylight bulb, placed within two feet and toward one side and front of the lower and most used part of the chart, is perfectly satisfactory.

Without sufficient light, results may easily be inaccurate, and usually are. Daylight, though the best kind of light, is variable. It is most desirable in testing acuity to depend only upon artificial light, since it can be constant. In the periodic examinations, vision records should be comparable from time to time, but cannot be if the amount of light ranges from below to above the minimum considered sufficient for a reliable test. By "sufficient" is meant an accurate measurement in terms of foot-candles; ten is the number usually considered the minimum for satisfactory screening

out work. Light is measured with a meter, a foot-candle meter, an instrument that is easily handled and of very practical value.*

A twenty foot distance between the chart and the individual being tested is desirable. Whatever the indicated distance, its measurement should be accurate, not guessed. A card rather than the cupped hand should be placed before the eye in testing, and in such position that even though it is not seeing, the eye remains open.

worse than useless. To give a true record of acuity, it is essential that the subject tested be both interested and at ease. The vision test is a part of the physical checkup for which the nurse often develops particular aptitude.

In using a chart, not only the reading of it, but the attitude in reading is to be noted. Signs of unusual effort to read or tilting of the head are not normal and therefore should be put on record. Complaints of headache,



Courtesy of Employers Mutual Liability Insurance Co., Wis.

Skilled Attention

Of equal importance with the equipment is the attitude of the person testing the eyes; too often our minds are entirely upon the chart and almost oblivious of the individual. The process of seeing depends not alone upon the eye, but upon the mind as well. To interpret clearly the picture the eye carries, the mind must be ready to receive that picture. Apprehension, embarrassment, misunderstanding of directions, indifference, as well as more intense emotional upsets, such as sorrow or anger, tend to make for inaccuracy. An inaccurate vision test is

blurring, burning or twitching of lids, an unusual flow of tears, or an unhealthy appearance of the eye itself, may be indicative of eye fatigue or strain, and are worthy of notation and consideration. The eye in perfect health accomplishes its work not only well but easily.

Eye accidents and vision testing are matters of individual personal attention. Beyond these lies much that concerns groups of individuals. Just as the body fatigues, so may the eye. In seeing, actual work is being performed. If that work is accomplished

* The foot-candle meter can be purchased from the National Lamp Works, Nela Park, Cleveland, Ohio, and the Edison Lamp Works, Harrison, N. J., both of the General Electric Co.; also from the Westinghouse Lamp Co., 150 Broadway, New York City. A book of directions is included. The price of the meter is \$22.50 and the leather carrying case is \$2.50, which makes the complete article \$25.00.

under adverse conditions, it is but natural that the eye suffers as well as the nervous system of which it is a part. Fatigue of the eye exerts a peculiar and wide influence. Probably the first reaction is in behavior. Irritation and indifference manifest themselves and affect other workers as well as the work in hand. Behavior habits, continuing for some time, even though due to a physical handicap which may be removed, do not necessarily change with the removal of the cause. To allow a worker to build up bad mental habits is serious for himself and for the group with which he works. It must also be remembered that physical impairment of the eye itself may result when eye work is done under conditions of continual mental strain conducive to great fatigue.

Environment, then, as it influences the ease with which eye work may be done, becomes a matter of concern to the industrial nurse even though she is not and should not be directly responsible for that environment. It is quite possible, through her interest in working conditions, that the attention of those who are responsible for them may be secured and an improvement result, influencing the health of many.

LIGHTING THE SHOP

To work easily, the eye must have sufficient light. While the amount of light required for various tasks may be different, in general, it is safe to say that ten foot-candles should be the minimum. The source of this light should be so placed in regard to the work being done that the best light falls upon the working surface. Usually this would mean that the light source should be high so that light

falls from above downward, avoiding shadow. Because it is fatiguing to the eye to adjust to different amounts of light, the best lighting system is one that floods the whole workroom evenly.*

Glare is more immediately distressing than is the lack of sufficient light. To face any source of light means glare. A surface which reflects light at an angle gives us what we might term a secondary source of light; therefore polished surfaces are undesirable. To reduce glare, the position of the worker should be such that he does not face any source of light, and all finishes, such as on walls, ceilings, trim and furniture, should be dull.

The entire subject of light can be and is very interesting and easily comprehended by workers. Since lessons in health learned during working hours are carried into the home, it is important that light in the plant be adequate and of good quality. Fortunate is the individual who studies in a well lighted school room, works in a properly lighted workroom, returns to a comfortably lighted home.

To sum up, the industrial nurse may make a valuable contribution to the eye safety and eye health of the worker if she tries to teach the value and necessity of safety devices on machinery and as worn by the workers; to demand that every eye injury, no matter how trivial, be cared for by trained persons in the medical department and that this care continue until all signs of trouble have disappeared; to secure adequate light without glare in all workrooms; and to show that eye health has a vital and practical relationship to the maintenance and upbuilding of general health.

* It is interesting to read, in relation to this point, that plans are under way for a modern factory in Massachusetts which will be entirely without windows or skylights—lighting and ventilation being secured artificially.



Finger Wrapping Plus

BY ALICE BURTON, R.N.

Industrial Nurse, Western Electric Co., Emeryville, California



At Home in Home Hygiene

I AM working in the Western Electric Company's plant at Emeryville, California. This Company is the manufacturing branch of the Bell System and makes telephone equipment. Our plant at Emeryville is one of 32 distributing houses, and consists of a warehouse, a repair shop and an office, employing 416 people—354 men and 62 women.

For our medical facilities we have a first aid and examining room. I am on duty full time; the doctor is here two hours every morning. I have charge of first aid work such as minor cuts and bruises, and emergency sickness. Our employees have a physical examination when they are first employed. For the protection of certain employees doing special work, such as buffers, painters and sprayers, a monthly examination is given. Certain other employees, because of their position or length of service, are entitled to a free health examination annually, if they wish to arrange for it.

In addition to my regular duties as nurse, I devote time to other activities. We have first aid classes for the boys and girls in which we use text prepared by the American Red Cross and the American Telephone and Telegraph Company. We also have health classes for the girls, using a course prepared by the American Telephone and Telegraph Company. I helped to organize these classes and now nearly 100 per cent of the girls are graduates. We have an annual health week during which we especially stress the principles of hygiene to all employees by means of pamphlets, posters and personnel conferences.

An interesting part of my work is visiting the homes of the sick to see that they are receiving proper care. I also look after the general comfort and wellbeing of all the girls at the factory and have charge of their rest rooms.

At Emeryville we have a large and very active industrial athletic associa-

tion in which we enter teams. I encourage both the men and the women to participate in the contests and we have won many cups for bowling, swimming and basket ball.

A branch of the County Library has been established at the plant, of which

I am in charge on Mondays and Fridays at noon.

These activities may not be unusual in industrial nursing, but the variety and scope of the work gives me a full program and keeps me enthusiastically busy.



The Milk Bar

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FEBRUARY, 1931

Surgery of Tumors of the Spinal Canal.....	Paul C. Bucy, M.D.
Nursing Care Following Laminectomy.....	Mrs. Dorothy Raymond Crawford, R.N.
Diets for Typhoid Fever Patients.....	E. M. Geraghty
Rural Public Health Nursing (continued from December).....	Jessie L. Marriner, R.N.
Questions and Answers in Social Hygiene.....	Edna L. Moore, R.N.
Delirium Tremens	Elizabeth B. Callender, R.N.
Diagnostic and Prognostic Value of White Blood Count.....	Marguerite Prue, R.N.
Problems of Nursing the Aged.....	Jane Holbrow
Intravenous Infusion	Ethel Northam, R.N., and Anna T. Beckwith, R.N.
Moist Inhalation	M. Naomi Houser, R.N.
Tuberculosis Prevention	Mrs. Violet Hodgson, R.N.
Planning Programs	Marie Wooders, R.N.

Nursing Problems When Farming Becomes an Industry

BY JOANNA M. JOHNSON, R.N.

Industrial First Aid Department, Employers Mutual Liability Insurance Company,
Milwaukee, Wis.

OUR first nursing experience in the cherry orchards of Wisconsin was both interesting and profitable. This area comprises a large part of the peninsula around Sturgeon Bay, Wisconsin, where the largest cherry orchards in the world are located, and takes on through the cherry picking season all of the social and health problems confronting any industrial community.

The Employers Mutual Liability Insurance Company of Wausau, Wisconsin, which we serve, carries compensation on a large number of these orchards, in fact, about eighty of them, and this year tried the experiment of seeing what a rather intensive nursing service would do to reduce losses. It was our first experience in this area and the problems we met were of the same variety as found in other industrial communities with the handicap of being so temporary in nature that lasting and constructive work was impossible.

Probably 20,000 itinerant cherry pickers come to this area each year for the short intensive season of picking, which lasts from three to four weeks. They come from all walks of life and live in tents, dormitories and camps and are, of course, subject to the health and social problems that would naturally beset any community of that nature. Inspection of drinking water was a preliminary to our arrival and this examination was continued throughout the season.

We established at a centrally located place a health station and notified the orchards that we would be available there for calls and that one nurse would do the field work, while the other remained at the station. We averaged about fifty service calls a day and the variety of injuries was sufficient to demand rather a liberal

public health and industrial nursing experience.

The conditions prevailing at the orchards relative to food and water, housing conditions and requirements of entry, determined very largely the severity of the problem. One orchard employing young women only, and under the matronship of Miss Marjorie Stephenson, dean of girls of the Appleton High School, went through the entire season without a single lost time accident or a day lost from illness. This indicates what can be done with proper restrictions as to personnel and the right kind of care and keen interest in the type of worker employed.

No provision is made for care of the children who are not old enough to pick. They amuse themselves as best they can; the oldest frequently caring for the babies as young as two and three months. The latter condition existed mostly among the Indians, their camps being isolated and comprised almost entirely of families who hoped to earn a sufficient sum to defray outing expenses. The more highly organized boys' camps employed Athletic Directors to conduct their physical activities.

We were particularly interested in the complications resulting from a farming community suddenly turning industrial for a period of one month out of twelve. This temporary population which brought many of its ills with it and contracted its share after arrival, presented a problem of sufficient importance to attract the health experts of the state, and those operators to whom service was rendered came out of the season in a much more coöperative attitude toward the health service of the nurses than they entered it. We would be especially glad to hear of similar services rendered in

other fruit or vegetable areas where large numbers of workers are gathered together temporarily. What experiences others have had and their methods of meeting the problems would be of special interest and value to us in our endeavor next year to do a more thorough job of keeping these camps clean as far as disease is concerned and in reducing to the minimum the losses due to preventable accidents.

Contagious diseases this year were comparatively few in number. A case of whooping cough, one of mumps and one of measles were among those represented. It was up to the nurses to arrange for isolation and follow through on these cases to prevent a spread of these diseases. No special provisions were made for illness, as the growers depended upon the town

hospitals to care for the more serious cases. Our greatest apprehension was possible typhoid fever epidemic due to bad drinking water; poisons and rashes; constipation due to wrong eating; infected minor wounds and those general maladies that accompany closely congested populations in camps. Fractures were not common due to the campaign waged against faulty ladders. Orchard bosses, who were "safety minded," also taught the novice the proper placement of ladders.

We believe we did much to lessen this hazard in health and accident and demonstrated to the operators, as well as our insurance company, the value of expert guidance for these people in their short intensive period of cherry picking and preserving.

Relation of the Industrial Nurse to the Plant Safety Program

By ROBERT P. KNAPP, M.D.

Medical Director, Cheney Brothers, South Manchester, Connecticut

The photograph on this page and the one on page 83 are used through the courtesy of the Eastman Kodak Company.



THE industrial nurse sees every day the results of carelessness and the need for safety at work. She frequently can get from the injured worker a more detailed

account of his accident and its causes than the plant physician. Many operatives will talk more freely to her in this regard, feeling that they receive more sympathy from a woman than from the physician. Moreover she is apt to do the subsequent dressings more frequently than the company doctor and has an opportunity to talk to the injured person each day. In the

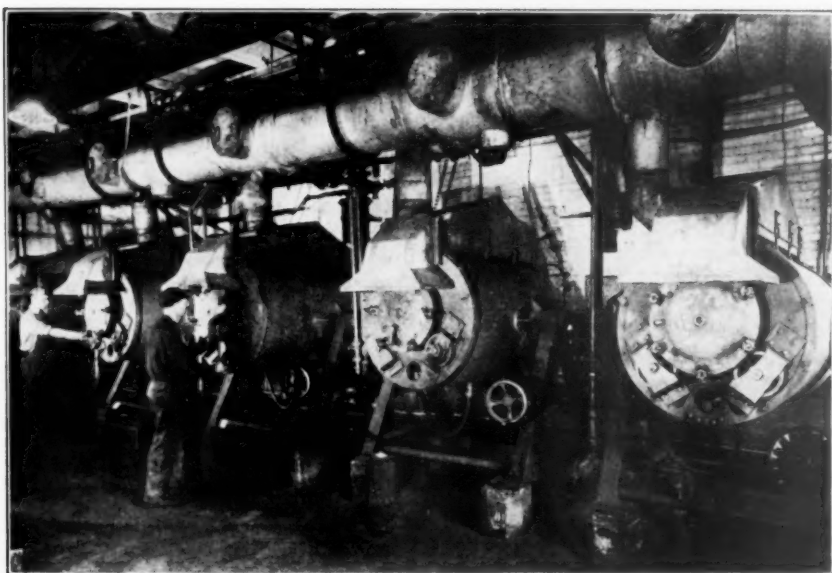
case of a female employee these chances are increased.

It is because of these distinct opportunities for emphasizing safety that the nurse should be given as much chance as possible to assist in the safety program of the plant. That little opportunity is ever actually given to her I believe to be a distinct oversight and industry is losing the help of a valuable ally in not recognizing and abetting her efforts toward accident prevention. There cannot be too many individuals interested in safety, and usually something can be learned from each member of the industrial family. Therefore, the greater the numbers interested the greater the safety usually. This is the experience of industries where the entire working force is organized to this end.

The nurse is unquestionably as close

to the accident problem as anyone in the plant and hears of and sees cases in which employees have not exercised all caution possible. She learns in her talks with first aid workers of occasions where employees injured have delayed reporting their injuries or have never reported them. She is told of the man with a foreign body in the eye who has gone to a fellow worker to have it removed. She may find a case posing as having been injured at work who really was injured outside the

sult of carelessness as witnessed in some neighboring family is always a good lesson. In the plant the nurse may witness operations here and there that are unsafely performed, but which to the overseer long accustomed to the work may not seem so. In private she can talk over these hazards with the foreman. Again, she may observe a worker carrying out an operation in an unsafe manner, taking chances which are unnecessary, and here again she can point out to this operative the need



For safety, modern machinery demands a healthy worker

plant or a man with an infection who is not sure how it occurred but believes the safest way is to blame the job. These cases she can clear up many times and the employee realizing the watchfulness of the nurse is not so apt to malingering.

A program that would include the industrial nurse should outline at every point in the long list of events that lead up to an accident, just where she can be of assistance. It might start at the home where need for the safety of the breadwinner could be explained to the wife and older children and they, in turn, remind the worker of how much depends on his safety. The re-

for care in his work, stressing the lost time and reduced pay if he should be injured and laid up for a long period.

If her aid is sought in an effort to reduce accidents, she can draw on her experience with injured workers, telling of the regrets expressed to her that they had taken chances they were not called upon to take, such as cleaning machines in motion or reaching in between gears and shafts rather than take time for the longer but safer method. By contributing to the plant publication or bulletin board she can further express her observations on the possibilities for safety.

On the day of the accident itself,

and the subsequent days of dressings, she can tactfully draw out the cause of the accident, why the chance was taken, and how trouble might have been prevented. She can point out all it means to be the victim of such unnecessary suffering.

In the weekly meetings of the safety committees, she can frequently offer constructive suggestions from her visits to the workrooms or in conversation with the accident victims.

In some plants, if not in all, there are certain workers who are injured again and again. These individuals take their misfortunes lightly unless they have had a really severe accident with the loss of an eye or a portion of an extremity. They seem to give the impression that it is actually "all in a day's work" and he who has not been injured is really not one of their "chance-taking" kind, "does not belong," in other words, and is rather looked down upon. Here a nurse can perform a very useful service in disabusing such a person of his mistaken idea as to what constitutes doing his job well, with due regard to its hazards, and what really constitutes foolhardiness. When such a man comes to a plant dispensary and awaits his turn to be dressed with the other injured, the nurse's opinion on accident prevention as properly practiced will frequently deter this type of worker from giving too free vent to his bravado.

Another field in which the nurse can play an important rôle in prevention is among the married female employees in ascertaining at the time of employment if they are pregnant. She can also, by coöperation with the women who act as service aides in the mill, learn if there are pregnant women

whose work entails a risk of miscarriage. She may in a talk with the worker advise her when to stop work and call the attention of the plant physician to these cases and make appointments for their examinations including a periodic blood pressure reading and urinalysis.

In some plants it is the custom to check the weights of employees at regular intervals, especially those who have at the time of employment been markedly over or under weight, as these conditions not infrequently contribute to accidents owing to the lack of health that frequently accompanies them.

Employees with communicable diseases not infrequently constitute a source of danger; they may communicate their disease to a fellow worker who may consider this a disease derived from or growing out of his employment, and seek compensation on this score. Here again by close coöperation with the service aide, the nurse may learn of such cases that occur throughout the plant and call the attention of the physician to them. By his examination a serious and costly case of transmitted infection may be avoided.

How often conditions at home contribute to accidents it is difficult to surmise but certainly in some cases they are the indirect cause of industrial casualties. Now and then there may be confided to the nurse some inkling of domestic discord and, in a friendly way, she may help in straightening out the difficulties, placing the employee in a better frame of mind when his family troubles no longer hang before him like a cloud blinding him to the ever present hazards of his task.



A Thousand Dollar Income at Age Sixty

BY CARRIE M. HALL, R.N.

EVERY nurse has many opportunities to observe at first hand the struggles and difficulties which people experience after retirement, through lack of economic security. Sometimes these conditions are unavoidable, often-times they could have been prevented. Public health nurses have real and frequent opportunities for such observations. Not only do they see, in their patients, suffering from lack of protection in old age and of a retirement income, but daily they come in contact, in families, with results of injudicious spending of what is in reality an adequate family income. Public health nurses not only teach parents the lessons of health and hygiene, but frequently assist families to budget their expenditures in a way to give them a decent living, and in some instances

Would you feel that you were secure, if at the age of sixty you had provided yourself with an income of \$1,000 a year, which would continue to the very last day of your life? It would require ordinarily a capital of \$20,000, invested at 5 per cent, to guarantee you an income of \$1,000 a year. Through the Harmon Association for the Advancement of Nursing a nurse can, if she will, provide for herself an income of \$1,000 a year at the age of sixty. The deferred annuity income payments through this plan are guaranteed and paid by the Metropolitan Life Insurance Company.

The following table shows how she may do this and also the disadvantage to her in postponing the time she starts to build up her future income.

It will be noted that the nurse start-

Age at time of starting to build up an Annuity Income	Monthly Payments	Yearly Payments	Total Investment	Annual Amount of Guaranteed Income from age 60
25	\$15	\$180	\$6,300	\$1,069.20
26	15	180	6,120	1,008.00
30	15	180	5,400	792.00
35	15	180	4,500	572.40

help them also to get out of debt. In how many instances does the nurse apply the same principles to her own affairs, and how much thought does she give to her own future economic security?

The majority of the public health group is composed of young nurses under thirty years of age. It is the young nurse who, by starting early, through *small* monthly payments, can build up for herself an assured income for a retirement period. Such a period is bound to come. One should not expect to provide a retirement income which is the full equivalent of the maximum working income, or even perhaps of the average working income. One has done well, if one builds up a safe retirement income which is the equivalent of one-half to two-thirds of one's working income.

ing at the age of thirty-five can secure only about half as much income at the age of sixty, although she has deposited over two-thirds as much, as the nurse starting at the age of twenty-five. The reason is not alone that she makes smaller total deposits, but because the period of interest accumulations is ten years less.

If at the age of thirty a nurse wishes to start preparing for a \$1,000 annual income starting with the age of sixty, she will need to deposit \$20 a month, but her total investment will be considerably larger. (See table, page 86.)

The young nurse, therefore, is the one who can secure the most advantageous results by starting early. The older nurse, however, need not be discouraged, because it is fair to expect that she already has some savings, and these savings may also be invested in

single sums through the Harmon Plan, thereby supplementing the income from such monthly deposits as she is still able to make over the remainder of her working years. But the older nurse, likewise, to secure the best results from any lump sum investment she makes, should make such investments at as early an age as possible.

These are only a few illustrations which show how a nurse may build up a retirement income for herself by contributing regularly to it during her productive years. The beginning date may be as early as she likes, and the maturity date or time of beginning to draw her annual income, as late as she is able to make it. The longer the period over which she makes monthly payments, and the earlier she starts, the greater will be her guaranteed income at retirement, which will continue to the last day of her life.

The Harmon Association for the Advancement of Nursing has no selling agents in the field. For any information desired please communicate directly with the Association at its

office, 522 Fifth Avenue, New York, N. Y. The Association will be glad to mail to any registered nurse detailed information as to how she can adjust her participation in the nurses' group annuity system to her own individual circumstances, based on her present age. The amount of the monthly deposit may be \$5, \$10, \$15, \$20, or more (any multiple of \$5), according to the amount one can afford to deposit and the size of the Income Annuity desired. Having started in to build up one's annuity, one may increase or decrease the monthly rate to meet the more permanent changes in one's circumstances, providing such future changes are made in even multiples of \$5. In case a member wishes to cancel her Income Annuity and to withdraw all the payments she has made, she can do so *at any time*, if her request is made before she begins receiving the income from her Income Annuity. There are many other special options and features included in the plan which are of particular value to nurses.

Age at time of starting to build up an Annuity Income	Monthly Payments	Yearly Payments	Total Investment	Annual Amount of Guaranteed Income from age 60
30	\$20	\$240	\$7,200	\$1,056.00
31	20	240	6,960	991.20
35	20	240	6,000	763.20

A FIRE DEPARTMENT MAY SAVE A BABY

Recently, another procedure has come to the fore which will contribute materially to the saving of infants to the community. Professor Yandell Henderson, of Yale University, has suggested that the lives of thousands of newborn infants who do not breathe immediately after birth, and thousands of others who suffer from imperfect breathing during the first few minutes after birth, can be saved by the same methods of stimulating respiration as are used in the resuscitation of adults who have been partially asphyxiated, namely, the therapeutic inhalations of carbon dioxide diluted in air or oxygen.* In certain hospitals, breathing by newborn babies has been started through this means. The difficulty in the way of applying this method on a large scale is that only a relatively small number of babies are born in those hospitals where this treatment is available. Professor Henderson has assumed that 25 per cent of the cases can be given life by proper inhalational treatment. It is certainly to be hoped that every hospital and institution where babies are born will be provided with resuscitation apparatus, with cylinders of oxygen and carbon dioxide. It is also well to remember that when the baby does not breathe, the fire and police departments in the city have such equipment.

* Henderson, Yandell, Ph.D. "The Prevention and Treatment of Asphyxia in the Newborn." *Journal of the American Medical Association*, Vol. 90, pp. 583-586.

Study of Nurses in Commerce and Industry *

A Nurse's Comments

BY VIOLET H. HODGSON

Assistant Director, National Organization for Public Health Nursing

THE development of industrial nursing in the United States dates from 1895, when the Vermont Marble Company engaged a trained nurse to visit in the homes and care for sick workers and their families. Since then, great changes have taken place not only in the field of industry, but in the entire field of public health nursing, of which industrial nursing is an integral part. Production has become a highly specialized and scientific process in which management considers the human factor, as well as developments in mechanical engineering.

At the time of the somewhat meager beginning of industrial nursing, the service of the nurse concerned itself more with the community and industrial relations than with health service within the plant. Today we find industries employing nursing staffs to carry on three types of services—those characteristic of hospitals, of clinics, and of public health nursing associations. While care of the sick and injured is a primary function of the industrial nurse, it is in her preventive work in relation to disease and accident that we believe nurses can be of greatest service to industry. Therefore, the National Organization for Public Health Nursing, as the standard-making body in the field of public health nursing, is interested in this phase of nursing in industry, and is anxious to see its development based on sound nursing procedures and practices as related to the particular needs of various types of industrial and mercantile establishments. With a view to obtaining a background of generally accepted practices, therefore, a study was made, attempting to give a picture of

methods employed in a large number of establishments, varying in size and nature of production, to show the status of industrial nursing as related to professional qualifications, to outline the nature and content of the nursing program, and thus to suggest possibilities for further developments in this field. This first study was purposely limited to a few general questions and does not pretend to be an exhaustive analysis of the nurse's function in industry.

PROFESSIONAL STATUS OF THE INDUSTRIAL NURSE

Registration is a fundamental basis for determining the professional status of a nurse. Registration indicates that a nurse has been granted a license which qualifies her within the law to practice nursing within the state where the license has been granted. It also indicates that she has graduated from a school of nursing that has met the minimum requirements of a State Board of Nurse Examiners, and implies that she has had training in basic techniques and skills of nursing procedure which should fit her to practice her professional service within an industrial plant. Registration should mean these standards to the employer. It should be clear to him that some such evidence of preparation is desirable in a profession so closely allied with that of medicine in which state requirements are rigidly enforced in the matter of a license to practice. The employer should expect a registered nurse to render a high quality of service. She is in the position of a professional worker who may avail herself of advice from national bodies and may, through her local professional organiza-

* The findings in this study appeared in the November and December numbers of THE PUBLIC HEALTH NURSE, 1930. Reprints are now available. The special tables on which conclusions are based may also be secured from the N.O.P.H.N. in limited quantity.

tions receive constant stimulus toward growth and development in her chosen field. An employer will find that the growth of the service will depend in large measure upon the administrative ability of the nurse. This is particularly true in small plants where she may be the only full-time worker in the health department. The ability to organize her own service and integrate it with the other departments of the plant, requires breadth of vision and administrative ability, as well as sound technical training. Registration is a basic requirement in the development of such a nursing program.

What does the study reveal in regard to Registration? We find that only 85 per cent of all the nurses in these establishments (1,006) are registered. We find the proportion of non-registered or practical nurses greater among males than females—26 per cent of the male nurses are registered as against 91 per cent of the female nurses. Viewed in the light of a pioneer development this is an encouraging proportion, but there is still room for improvement, especially when one realizes the opportunities for the well-prepared nurse to participate in the preventive as well as the alleviative aspects of an industrial health program, and to become an indispensable factor in economic production.

RELATIONSHIP OF THE NURSE TO THE PHYSICIAN

It is a fundamental principle of all nursing, that care of the sick be given only under the direction of a licensed physician. The direct responsibility for treatment of the sick and injured is a medical one, and except in emergency does not come within the field of nursing. The nurse works under the orders of the attending physician in applying her technical skill. The methods by which the industrial nurse thus correlates her service with that of the physician may be direct or indirect.

In the direct method, the physician is giving his service full time and is constantly within reach to give orders and to supervise the care of each case.

In the indirect method, the physician

may be on part-time or on call, in which case he assumes responsibility for the treatment of accidents and illnesses by issuing *written* standing orders to be used as a guide for the nurse in treating cases in his absence. Without written standing orders, the services of the nurse, in medical or surgical conditions, should be limited to first aid only. Further care would be a violation of the medical practice act unless the nurse was carrying out orders under the direction of a physician. Standing orders should be issued to give her protection from such violation. With these points in mind, we turn to the report.

In only 315 of the 1,006 establishments did the nurse have written standing orders. The nurses employed in these establishments represent 31.5 per cent of all nurses included in this report.

From these findings, it is clear that many industrial nurses are failing—for the responsibility for requesting standing orders rests with the nurse—to follow one of the most fundamental principles of a nurse's training, and are exposing themselves to possible legal difficulties. It is hard to believe that any nurse would prefer not to have the protection which written orders from the physician give. This protection would seem to be especially necessary when one reads that of the 1,006 establishments, 914 reported the employment of a physician, and of this number, 18 per cent employed physicians full time, 48 per cent part time, and 34 per cent on call.

In 631 establishments, or in 68 per cent of those reporting, the nurse is professionally responsible to the physician, while in 277 others she is responsible to the management, the director of the personnel department, or to some other plant department. This apparently divided responsibility may account for the failure of the nurse to provide herself with standing orders.

THE NURSE'S SERVICES

If we accept the objectives of public health nursing in industry as care of

the sick and injured, prevention of physical disabilities, and the preservation and improvement of the health of all workers, we realize that the emphasis on prevention requires not only technical skill but ability to teach the fundamental principles of disease prevention and healthy living. Such a program is obviously not one limited to treatments. It implies the nurse's share in the development of a constructive health program that can be integrated with the employment and safety departments of the plant as well as the medical service. It also means that the relationship of the nursing service extends to other departments in the plant. This is an important factor in increasing the usefulness of the nurse to the plant, for such relationships make it possible for her to be of service to all concerned with the satisfactory adjustment of the worker to his job.

Management is aware of the importance of this total adjustment of the worker in maintaining satisfactory working conditions within the plant. While prompt care of accidents and illnesses are essential in preventing an interruption of production, there are conditions in the home which are equally responsible for lowering the workers' efficiency within the plant. As a means of remedying some of these situations, we find the services of the nurse employed both within the plant and in the home. It is encouraging to find that nurses may make follow-up visits in the home, or, as in some establishments, that special nurses may be employed for this purpose.

It is of course realized that carrying the health service of the plant into the home is expensive. A few industries have solved the problem by referring cases for home visits to the local public health nursing association, purchasing this service on a part-time or contract basis. Whether or not the home service is rendered by the plant or by an agent of the plant, the position of the worker and his family as members of the community must be borne in mind

and any procedure carried on by the industry—such as the exclusion of the worker on account of communicable disease, etc.—must be in accordance with the local Board of Health regulations. It is the responsibility of the nurse to know these regulations.

Follow-up on absentees may be a waste of the nurse's time unless some discriminating process is employed in deciding which cases should be visited by the nurse, since absences are due to many other causes beside illness. These causes can easily be determined by a non-professional worker. In fact, it not infrequently happens that a superannuated worker can be assigned to this job. In this way, the nurse's time is conserved for strictly professional duties, and the worker does not get the impression that the nurse is allied with management against his interests.

CONCLUSION

Over and above the facts revealed in any study of nursing in industry is the realization that nursing has a definite place in the program of modern management. The relationship of the health service to the plant personnel is analogous to that of the engineering department to the plant machinery. The objective of each is the same—uninterrupted production. In the worker we may hope that the satisfaction which comes from mental and physical good health will make for a better as well as a quicker job, and a contented individual in the plant and community. It is therefore not presumptuous to assume that the extent to which industry avails itself of the nurse's service as an integral factor in this problem of human adjustment will depend upon the nurse's ability to participate as a skilled worker in the health program of the plant.

The N.O.P.H.N. stands ready to help nurses in industry in any way possible, and to assist management through the Joint Vocational Service, to find qualified industrial nurses. It will also continue to publish industrial nursing material in its official organ, *THE PUBLIC HEALTH NURSE* magazine.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

REPORT OF N. O. P. H. N. ACTIVITIES IN THE INDUSTRIAL NURSING FIELD. JUNE, 1929—DECEMBER, 1930.

AS this is our first industrial nursing number it seems fitting to have the Activities Department of the magazine devote itself to a brief review, which really is a summary of material that has already appeared in various issues of the magazine, of the N.O.P.H.N. activities—past, present, and future—in relation to this field.

For some time the N.O.P.H.N. has been aware of the part that industrial nurses might play in the whole industrial health movement. Likewise there has been a definite recognition of the need for further development and standardization of this nursing service as a means of increasing the nurses' contributions to industrial health. As none of us is prepared to say, at the moment, just what should be the ultimate place and program of the industrial nurse, there is evidently very real need for study of this question with some development of standards. And since the whole industrial health program is so closely connected with the movement for the prevention of tuberculosis, Dr. Kendall Emerson, of the National Tuberculosis Association, was approached and the interest, participation, and financial assistance of this organization was secured in the development of a project along these lines.

FIRST STEPS

An advisory committee composed of representatives from agencies and groups most concerned in the industrial health movement—industrial nursing, industrial hygiene, industrial medicine, industrial relations, National Safety Council, the National Tuberculosis Association and the N.O.P.H.N.—was appointed to guide the project,

advising as to its development and evaluating the results. Dr. C. O. Sappington, Director, Industrial Health Service of the National Safety Council, consented to act as chairman.*

In order to have first hand knowledge of the best practices in the field of health and industrial relations, the advantages of an intensive study of the developments in a number of plants which had been outstandingly progressive along these lines were immediately realized. A study of the literature on these subjects was also indicated. A member of the N.O.P.H.N. staff was assigned to this study, and to devote a part of her time to the industrial nursing field. The direct responsibility for the administration of the service is placed with the N.O.P.H.N.

In accordance with this plan, the advice of leaders in the field of health, safety, industrial relations, and management was obtained in the selection of plants whose health program was considered especially well developed and the entree to each plant was arranged by them. In each instance the contact was made with the Industrial Relations or Service Manager, the Director of the Medical Service, and the nurses in all the plants, with opportunity provided for observation of the work within the plant and in the homes of the employees. In this way, it was possible to consult with the service heads and observe the work that was being done in safety, health, sanitation, plant lunch rooms, savings, insurance plans, mutual benefit association, and other services to which the nursing program was related.

Approximately 55 plants varying in size from 200 to 40,000 employees

* The members of the section were listed in our July number, 1930.

were covered in this manner. The principal types of industry included were textile, rubber, steel, meat packing, paper, kodak, electrical appliances, shoes, abrasives, printing, and candy.

ADVISORY COMMITTEE MEETING

The first meeting of the Advisory Committee was held in Chicago, September 29, 1929, in connection with the annual meeting of the National Safety Council. The following projects were discussed and approved:

Preparation of a manual on industrial nursing, sufficiently flexible to be adapted to various types of industry.

Promotion of a nursing service as part of a health program in small plants.

Consideration of the possibility of developing some sort of consultant or advisory service to industry.

Preparation of the industrial nurse.

The Education Committee of the N.O.P.H.N. is working with the Advisory Committee on the content of a post graduate course in industrial nursing which can be recommended to existing courses for inclusion in their curriculum.

Development of advisory service for industrial nurses and management.

BIBLIOGRAPHY

A brief bibliography for industrial nurses has been prepared covering the fields of nursing, industrial medicine, hygiene and sanitation, safety and personnel administration with which the nursing service is so closely allied.*

SECTION MEETINGS

The Industrial Nursing Section of the N.O.P.H.N. has met three times since 1929: with the Annual Safety Congress of the National Safety Council in Chicago, October, 1929; at the Biennial Convention of the three national nursing organizations in Milwaukee, June, 1930, and in Pittsburgh again with the National Safety Council, October, 1930.

MEETINGS ATTENDED

Talks on industrial nursing have been given by the N.O.P.H.N. staff at nine different meetings in various sections of the country.

LISTENING IN

The March, 1930, number of "Listening In" was a special industrial

nursing number. Copies of this were widely distributed to public health nurses, corporate members of the N.O.P.H.N., State Departments of Labor and Industry, Chambers of Commerce, industrial physicians, industries participating in the N.O.P.H.N. study of nurses in commerce and industry, and secretaries of State Tuberculosis Associations.

STUDY OF NURSES IN COMMERCE AND INDUSTRY

As part of the general policy of the N.O.P.H.N. of having up to date information on the various phases of public health nursing, a statistical study has been made of industrial nursing. Information has been received from 1,006 commercial and industrial concerns, employing from 125 to more than 40,000 workers. The information gathered concerns the kind of industry employing nurses, the number of nurses they employ, the status of the nurse in relation to registration, and in general the nature of the services they are asked to render employees.**

CONTACTS

We have realized from the beginning that any activity to promote the extension of industrial nursing should be parallel to any similar activity within the whole industrial health field; that industrial nursing should not be developed out of relation to a complete health program in industry and therefore should be very closely related to the program of other national bodies concerned with industrial health. In keeping with this conception, contacts have been made with the American Management Association, National Industrial Conference Board, National Bureau of Casualty and Surety Underwriters, Liability Insurance companies, the U. S. Chamber of Commerce, the state and National Tuberculosis Associations, industrial physicians, industrial nurses' clubs, safety engineers, personnel managers, Bureau of Industrial Research at Harvard, Department of Industrial Hygiene at Yale and

* See THE PUBLIC HEALTH NURSE, October, 1930. Available in reprint form.

** See THE PUBLIC HEALTH NURSE, November and December, 1930.

Harvard universities, departments of labor and industry, public health nursing associations, and individual nurses. From all of these sources we have received generous coöperation, and the expression of a real interest in the development of this branch of public health nursing.

The place of the public health nurse in the industrial field opens up possibilities, many of which have been partially realized already. However, much remains to be done. What should be done, and how, requires study, analysis, group thinking, education, and leadership. The N.O.P.H.N., just because

it is recognized as the national body within the field of public health nursing, stands in a particularly strategic position to assist in and be the medium through which such study, education, and leadership take place.

It is for this reason that the N.O.P.H.N. has developed an industrial nursing project under a widely representative Advisory Committee. It is safe to say that in no field of health work does the future hold more opportunities for public health nursing than the industrial. It is for all of us together to see that these opportunities are met.

JOINT VOCATIONAL SERVICE APPOINTMENTS

Margaret Farquhar, superintendent, Convalescent Home for Babies, Sea Cliff, Long Island.

Stella Tylski, assistant director of nursing, Monmouth County Organization for Social Service, Red Bank, N. J.

Laura Johnson, generalized supervisor, later to be education supervisor, Visiting Nurse Association, Scranton, Pa.

Catherine Heffernan, substitute nurse-teacher, Public Schools, White Plains, N. Y.

Hazel Brazee, clinic nurse, Foster Home Department, New York Nursery and Childs Hospital, New York City.

Agnes E. Smith, teacher of home nursing, Girls' Continuation School, Newark, N. J.

Margaret Cavallaro, staff nurse, Henry Street Visiting Nurse Service, New York City.

Ila Z. Moore, county public health nurse, Montgomery County Board of Health, Rockville, Md.

Mary Cummings, part-time public health nurse, Master's School Day Nursery, New York City.

Georgia Walker, staff nurse, Visiting Nurse Association, New Brunswick, N. J.

Viola Greene, staff nurse, Visiting Nurse Association, Hackensack, N. J.

Clara Chitwood, field nurse, Cattaraugus County Department of Health, Olean, N. Y.

Louise F. Hedger and Anne Tulloss, staff nurses, Department of Health, Montclair, N. J.

Myrtle Ricketts, special student, East Harlem Nursing and Health Service, New York City.

Mary Kennedy, supervisory nurse, County Public Health Nursing Association, Schenectady, N. Y.

Gertrude VandenBroek, temporary relief worker, Social Service Department, Mt. Sinai Hospital, New York City.

Appointments in which Joint Vocational Service has given assistance:

Stella Fuller, demonstration public health nurse for Decatur County, Ind.

Ruth Wekerle, staff nurse, Association for Improving the Condition of the Poor, New York City.

(For other appointments see page 105)

NATIONAL LEAGUE OF NURSING EDUCATION

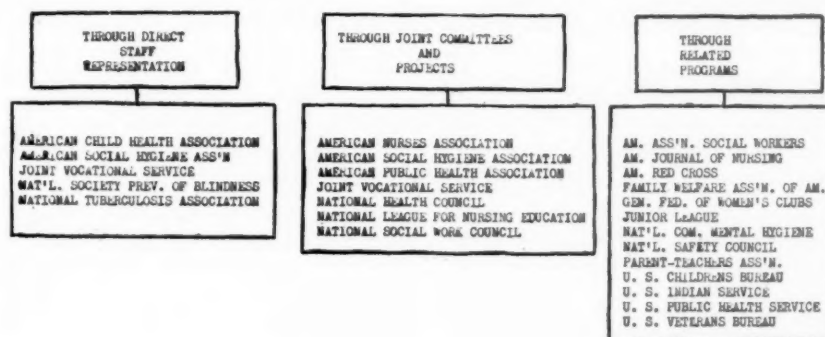
The next convention of the National League of Nursing Education will be held in Atlanta, Georgia, May 4-9, 1931. Headquarters will be in the Atlanta Biltmore Hotel, on West Peachtree Street.

The railways have allowed the usual convention discount of 25 per cent on the round trip fare when the trip is completed by May 15, and a one and three-fifths round trip rate for a thirty-day return trip. Identification certificates will be distributed through State Leagues, where there is a State League, or for nurses in other states, directly from the National League Headquarters, 370 Seventh Avenue, New York City. The identification certificate must be presented to the ticket agent when buying the ticket, and the ticket stamped in Atlanta.

The Program Committee is working hard on its part of the convention, and everything points to a quiet sojourn in a delightful town, where much profitable discussion and study of present day questions of nursing education will be possible.

We hope that many members of the N.O.P.H.N. will be with us, since nursing education is so intimately concerned with the preparation of better nurses for work in any field.

CHART V. NATIONAL RELATIONSHIPS OF THE N.O.P.H.N.



COSTS OF ACCIDENTS

By direct cost is meant compensation, doctor, hospital, and X-ray expenses. Mr. Heinrich, of The Traveller's Insurance Co., has compiled the indirect costs of plant accidents. The fact is pointed out that these things are not insurable:

1. Time lost by employee from production as a result of an accident.
2. Time lost by other employees who stop work.
 - a. Out of curiosity.
 - b. Out of sympathy.
 - c. To assist injured.
 - d. Because of nervous shock.
3. Temporary slowing down of production in department because:
 - a. Employees gather together in groups to talk about accidents.
 - b. Thought of accidents continue to direct their attention from their work. (This may lead to another accident or spoiled material or equipment.)
4. Time lost by foremen, supervisors, and executives for:
 - a. Aid to injured employee.
 - b. Investigating cause of accident.
 - c. Arranging for injured employee's production to be continued by some other employee.
 - d. Select men or break in new employee to replace injured.
 - e. Prepare accident reports for employer, insurance carriers and the state.
 - f. Attend hearings before state commission.
5. Time of First Aid attendant and hospital department staff (when paid by insurance).
6. Spoilage and waste of material caused by accidents.
7. Damage to machines, tools, buildings or other property.
8. Losses due to interference of accidents to production, such as failure to fulfill orders on time, loss of bonuses, payments of forfeits, loss of customer's good-will.
9. Loss of profit on productivity of employees affected by accident and on machines temporarily idle.
10. Loss in putting injured employee back to work and paying full wages when the injured is not fully recovered and is unable to earn the wages paid.
11. Loss through inferior production effort due to inability (when high accident rates prevail) to attract and hold high grade worker.

—From an address by Nils Juell, National Safety Congress, Pittsburgh, 1930.

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

AN UNCOVERED FIELD

A big gap in the public health nursing program of today is service to the worker in industry. Large establishments have recognized the value of medical and nursing service and have made provision for it to some extent. In the smaller plants, however, very little has been done to meet the health needs of the worker. This might be accounted for in a variety of ways, outstanding of which is the problem of securing a part-time nursing service at a cost commensurate with the needs of the small plant.

One is impressed with the importance of developing the small plant service by the fact that its combined employment is nearly 50 per cent of the total workers in industry and its participation in the community is therefore essential if the goal, health for all, is to be attained. The possibilities of reaching the wage-earner with the same message of health and disease prevention which is being carried to the other members of the family in the home and the school, should offer a peculiar challenge to local public health nursing associations which are so keenly aware of the need of intelligent cooperation from the heads of the family in securing results among other age groups in the home.

How nursing service can best be provided to small plants was one of the questions considered by the Industrial Nursing Advisory Committee of the National Organization for Public Health Nursing at its meeting in Milwaukee June, 1930. Certain factors were deemed fundamental in organizing and administering such a service. The need of supplying part-time service at definite times was recognized; the amount of service to be determined

by the number of employees, ratio of male to female workers, and the hazards involved in the manufacturing process. The value of supervision seemed evident in maintaining a high standard of service with continuity and making industrial nursing an integral part of the nursing program. A special committee as a part of the organization program for administering such a service was discussed as a further possible means of developing the service and coordinating the interest of industry and the nursing agency.

All these facilities seemed to be available in a well organized public health nursing association, official or private, and their application could easily be made to industry without necessitating any great readjustment in organization policy or procedure. Such an organization is set up for the purpose of reaching all age groups, adult as well as children, with nursing service. The board is composed of members representing all community groups and interests. Special committees may be appointed to develop new services. Except in one-nurse services, the staff is large enough to provide continuity and regularity of service in spite of illness or vacations. The standard of service may be kept at a maximum through adequate supervision. The staff education program can include the problems peculiar to the administration of a nursing service in industry, thereby creating an industrial health consciousness in the minds of all the staff nurses so that ultimately, with a period of introduction to this field, they may be equipped to carry on as effectively in the plant as in the home. Furthermore, through contacts with

management by the supervisor or director, there is the added assurance of maintaining satisfactory relations between the industry and the nursing organization through the interpretation of the policies and objectives of each. From the point of view of financial status, there is no reason why this should not be a self-supporting service.

In a few places, satisfactory services have been developed by local organizations.* There is, however, a vast field still uncovered, offering unequalled opportunity to local associations to develop this branch of public health nursing in their communities. The

advisory services of the N.O.P.H.N. are available to render assistance on problems of administrative policies, nursing personnel, staff education, content and cost of service, publicity, and other features of the program which call for careful consideration by the local group contemplating an industrial nursing service.

The contribution which such a program would make toward the development of nursing in large plants and to other types of public health nursing would be difficult to predict. That it would be far-reaching could be stated with confidence.

MASSACHUSETTS REORGANIZES

On December 3, 1930, the Massachusetts Association of Directors of Public Health Nursing Organizations, organized in 1914 exclusively for lay membership, voted to dissolve for the purpose of combining with the Massachusetts public health nurses in forming a Massachusetts Organization for Public Health Nursing. Miss Gertrude W. Peabody was elected president. There were present 398 people, representing 85 associations.

The former association was organized in County units with a chairman for each unit. Besides the regular annual meeting in Boston, each County held one or two meetings each year. These smaller meetings provided an unusual opportunity for intimate discussion which was greatly appreciated by the individual associations throughout the state. The Association has actively supported legislation for the betterment of public health and nursing education. In Massachusetts today there are approximately 150 unofficial visiting nursing associations, 135 of which were members of the Massachusetts Association of Directors of Visiting Nursing Associations.

Originally organized exclusively for lay membership, the need for the professional viewpoint in discussion both at the annual meeting and the County meetings has been increasingly apparent. The Massachusetts public health nurses have desired the lay members' interest in their consideration of public health programs. Since the State Nurses' Association is strictly a professional body, the conclusions of a joint committee indicated that a reorganization of the Association offered a solution to the difficulty. The recommendation of the Executive Committee to form this new organization was unanimously adopted.

Following a short interval, permitting the nurses to join the lay members, the Constitution and By-Laws of the new Organization, endorsed by the National Organization for Public Health Nursing, were presented and accepted, and new officers elected. A nurse and a lay member are, under the new organization, responsible for each district or unit. The by-laws provide for individual membership, nurse and non-nurse, and corporate membership.

At the afternoon meeting Dr. C.-E. A. Winslow presented a picture of public health nursing in Massachusetts in 1960 and Miss Sophie C. Nelson spoke on the national significance of a state public health nursing association.

* See THE PUBLIC HEALTH NURSE, December, 1930, page 615.



POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

PUTTING TWO AND TWO TOGETHER

Industrial Clubs, Committees and Sections of State Organizations Throughout the United States

Industrial nurses are getting together and comparing notes on problems connected with their jobs, on methods and set-ups, and on the growing opportunities in industry for the development of a well rounded piece of professional work. This group thinking is being done through an increasing number of local organizations of industrial nurses.

The N.O.P.H.N. has endeavored to locate all such clubs, branches and sections throughout the country and to learn something of their program. Where industrial nursing clubs were known to exist, these were circularized directly; in other sections of the country, letters requesting information were sent to the president of the N.O.P.H.N. or chairman of the A.N.A. section.

Thirty-two replies were received. Of these, 18 reported active organizations. Of particular interest is the fact that a number of these groups have organized as sections of state organizations for public health nursing. Information on dues, place and frequency of meeting, membership requirements, and number of members was requested.

The majority of the organizations, more particularly those not affiliated with national organizations, require annual dues of two dollars; one organization requires two and a half dollars. Another asks two dollars for the first year of membership and one dollar thereafter. In one instance, dues of two dollars are paid by the company employing the industrial nurse. Reports show that most groups affiliated with state organizations exact dues to cover postage; no dues at all, or forty-five or fifty cents annually.

Monthly meetings are the general custom although a section may meet quarterly at the time of meeting of the larger group. One club meets twice a month, and one at the call of the chairman. Four clubs omit meetings during the summer months, one of these holding meetings only from January to May.

Places of meetings vary widely. Here are examples: Professional headquarters; industrial plants and tea rooms; private dining rooms of various restaurants; women's club for dinner meetings; church parlors; Town Club; with State group; place chosen at previous meeting. The majority of the group reporting find that dinner meetings gain the greatest response.

The smallest group reporting numbered eight, the largest 104. Within these extremes, membership ranged from twenty-three to seventy.

Membership in all cases but one was reported as being strictly limited to nurses actively employed by industrial plants. The one exception required the nurse to be a graduate who was engaged in or interested in industrial nursing. In general the specified qualifications are graduation, registration in the state where the nurse is employed, and industrial employment.

Some of the programs planned by the industrial nursing groups follow:

"Monthly dinner meeting with series of lectures followed by discussion on industrial problems such as health hazards; accident hazards; prevalence of special diseases in special industries; heart disease among workers; function of Bureau of Workmen's Compensation and of Bureau of Industrial Hygiene, etc."—New York Industrial Nurses Club.

"Aid local groups to unite for the purpose of improving individual technique."—Committee on Industrial Nursing in New York S.O.P.H.N.

"A social hygiene institute holding seven one-hour sessions covering a period of seven weeks, sponsored by the Public Health Section in conjunction with the State and City Department of Health."—Public Health Section of Delaware State Nurses Association. (8 of 53 members are industrial nurses.)

"Annual bus trip in summer time. Social meeting and luncheon at the Baltimore Copper Works in November. Discussion of problems of interest to members as found by each nurse in her work. Would appreciate suggestions for definite program for next year."—Industrial Section of Maryland Organization for Public Health Nursing

"Our committee has arranged a diversified program as follows: Physicians, Safety Council representatives, and the State secretary, speaking on professional problems, and also lecturers on the arts, on books and on current events."—New Jersey Industrial Nurses' Club.

"A speaker at each meeting, and in June a visit in a body to a local industrial plant."—New England Industrial Nurses Association.

"Program includes speakers on the following: Delinquency; mental hygiene in relation to industry; preventorium for tuberculosis patients; occupational diseases; importance of keeping records; membership in N.O.P.H.N."—Hartford Branch, American Association of Industrial Nurses.

"Annual dinner and a speaker for each meeting. Topics: Mental health in industry; tuberculosis in industry; health and posture; how probation works in Rhode Island; friendly relations in industry. Discussion of

problems at each meeting."—Rhode Island Industrial Nurses.

"In conducting our club this year we are using the following plan: Each meeting is conducted by a different committee. Each committee plans the entire meeting as to speakers, social functions and place. During the course of the year each member will have worked on a committee, putting into activity her ideas of an interesting meeting. This plan also brings to the front the members who have been merely onlookers. Although we are privileged to use the First District Club rooms for our meetings we find that dinner meetings are best attended, so endeavor to keep that thought in mind in all of our plans, and we meet in some restaurant where we may have the use of a private dining room. At least one half hour's time is spent at each meeting in an open discussion of our various problems, and we also try to have a short talk from some person who is prominently interested in the industrial phase of nursing."—Chicago Industrial Nurses Club (Branch of Public Health Nurses Section).

The Massachusetts Safety Council prints a program in which the women's industrial section schedules a series of meetings for dinner followed by a lecturer. Some of the subjects are as follows: Mental hygiene and industry; putting your thoughts on paper; skin diseases in industry; a talk for minor executives; workmen's compensation; economy of motion; fear and fatigue; the human factor in industry; annual industrial style show.

The following list comprises industrial organizations complete as far as information has been received, together with name and address of the president or chairman of each group:

Industrial Section of Maryland Organization for Public Health Nursing, Baltimore, Maryland (Chairman, Margaret Sharpe, 1009 Ashburton Street).

Chicago Industrial Nurses Club. Branch of Chicago Public Health Nurses' Section.) (President, G. I. MacDonald, Federal Life Insurance Co., 168 North Michigan Avenue.)

Public Health Section Delaware Association of Graduate Nurses. (Eight industrial nurses included.) (Chairman, Anna Van W. Castle, 911 Delaware Avenue, Wilmington.)

Hartford Branch, American Association of Industrial Nurses. (President, Winifred Hardiman, 419 Farmington Avenue.)

Industrial Nurses Club of Indianapolis. (Chairman, Tullie Robinson, Marmon Motor Co., 1101 West Morris Street, Indianapolis.)

Western Massachusetts Industrial Nurses Club. (Secretary, Josephine E. Szetela, 461 Appleton Street, Holyoke.)

Women's Industrial Section of the Massachusetts Safety Council. (Chairman, Mrs. Alice A. Jonsberg, 213 Langley Road, Newton.)

Twin City Industrial Nurses Section. (Chairman, Ruth E. Nelson, Minneapolis Knitting Works, Minneapolis, Minn.)

New England Industrial Nurses Association. (President, Melda F. MacDonald, 257 Washington Street, Salem, Mass.)

New Jersey Industrial Nurses Club. (President, Jennie R. Bauer, G. E. Vapor Lamp Company, Hoboken.)

New London and Windham (Conn.) Branch, American Association of Industrial Nurses. (Chairman, Anna A. Fitzpatrick, 159 Cliff Street, Norwich.)

New York Industrial Nurses Club. (President, Mary T. Dowling, 113 West 74th Street, New York City.)
 Committee on Industrial Nursing in New York State Organization for Public Health Nursing. (Chairman, Mary T. Dowling.)
 Industrial Nursing Section, Pennsylvania State Organization for Public Health Nursing. (Chairman, Mrs. Blanche L. Heleine, Carpenter Steel Co., Reading.)
 Industrial Nurses Association of Philadelphia. (President, Mrs. Helen Hynson, 635 Carpenter Lane, Germantown, Philadelphia.)
 Rhode Island Industrial Nurses. (President, Helen McCrae, 1132 Smith Street, Providence.)
 Industrial Nurses Club of St. Louis. (President, Anna May Naylor, Bell Telephone Company, 1010 Pine Street.)
 Washington State Organization for Public Health Nursing. (Chairman, Lillian Jones, Bon Marche, Seattle.) (Occasional meetings featuring industrial nursing for benefit of industrial nurses in organization.)

In addition to these, California is in the process of organizing a group of approximately twenty-four industrial nurses. Word was received from Milwaukee of the organization in January of an industrial nurses' group and also of a newly organized Public Health Nursing Section. Information as to the exact name of the organization, and

presiding officer, is not available as we go to press.

It is hoped that any groups of industrial nurses not included in this summary, or in process of organization, will send name, address and program to THE PUBLIC HEALTH NURSE, in order that the record may be complete.

IMPORTANT SCHOOL CAFETERIA DECISION

The Houston, Texas, Board of Education carried to the Supreme Court of the State a case involving its right to regulate the places at which school children ate. Lunch wagons in the vicinity of the school had become a rendezvous for undesirable characters. To help the situation, the school board ruled that all pupils who did not go home to their meals must eat their noon meal at school. The rule was contested by the lunch-wagon owners and finally carried to the Supreme Court where it was decided that it was indisputably within the power of the board to enact such a rule designed to protect the health of the pupils during the hours they were committed to the care of the school authorities.—*Journal of Home Economics, January, 1931.*

PNEUMONIA

The observance of the following points would help materially in avoiding pneumonia:

Dress in such a way as to permit a change of clothing when there is a change in temperature.

If you get your feet wet, exercise until such time as you can change your shoes and stockings.

When exercising, particularly out of doors, have additional clothing to put on as soon as you stop.

On entering a warm room, after having been out in the cold, immediately remove your wraps. In shopping, carry your heavy coat on your arm while in the store.

In moving the baby from the cool well ventilated room, in which he has had his nap, to a warm room, remove the heavy covers which, while necessary in the cold room, are dangerous in the warm room.

As a means of developing a better skin reaction, which will help the body in adjusting itself to temperature changes, a tepid or cool bath followed by a brisk rub is recommended.

Many colds develop because of carelessness. If you should get a cold, do not neglect it as pneumonia is all too often the sequence of a neglected cold.—*Bulletin, Department of Health, Detroit, Mich.*

REVIEWS AND BOOK NOTES

Edited by RUTH GILBERT

RELATING TO INDUSTRY *

Prepared by Library of Industrial Relations Counselors, Inc., 165 Broadway, New York City, and the National Organization for Public Health Nursing.

CURRENT ARTICLES

Accident clinic. S. M. Shellew. *Personnel Journal*, 9:207-15, October, 1930.

The Accident Clinic of the Milwaukee Electric Railway and Light Company, how it functions and what it accomplishes.

Calcium carbide and acetylene. Retail Credit Company. *Industry Report*, August, 1930, 5:89-99.

Manufacture of calcium carbide, location of plants, classification of jobs, potential health hazards, information on specific plants are topics discussed.

Factory surgeons. Etienne Martin. *Occupation and Health*, 1930, Brochure No. 228:1-9.

The physician in industry is one who applies the principle of modern medicine and surgery to the industrial worker, sick or well, supplementing the remedial agencies of medicine by the sound application of hygiene, sanitation and accident prevention; and who has an adequate and coöperative appreciation of the social, economic and administrative problems and responsibilities of industry in its relation to society.

Health and labor turnover in a department store. C. J. Ho. *Personnel Journal*, 9:216-21, October, 1930.

Health of coke-oven and by-product workers. T. Oliver. *Iron and Coal Trades Review* (London), 86:924, June 6, 1930.

Complaints of workers at hydraulic mains. Maladies to which cokeplant employees are especially susceptible. From article in *British Medical Journal*.

Health in industry. *Pennsylvania Health*, 8:14-18, July-August, 1930.

Describes medical, nursing and social service rendered employees of the Armstrong Cork Co., Lancaster, Pa.

Health promotion in the public utility industry, its necessity and importance. National Electric Light Association, *Proceedings*, 1929, 86:1552-1561.

Development of medical department as factor in reduction of absenteeism from work. Bibliography.

Industrial efficiency and fatigue. G. P.

Crowden. *Journal of National Institute of Industrial Psychology*, 5:193-201, October, 1930.

Paper included the following topics: men and machines; German Institute for the Physiology of Labor; nutrition and efficiency; other factors affecting efficiency; measurement of air conditions; health and welfare work in America; measurement of energy expenditure; length of working day; the "Dinta" system.

Industrial hygiene and the medical profession. Wade Wright, M.D. *Canadian Journal*, 21:373-76, October, 1929. An address before the Canadian Medical Association, Montreal, June 19, 1929.

The functions of the industrial physician and the private practitioner are complementary.

Industrial medical course for medical schools, Proposed outline of. *Monthly Labor Review*, 31:88-93, November, 1930.

Prepared by a special committee of the International Association of Industrial Accident Boards and Commissions.

Industrial medical officer and his work. H. G. P. Castellain, M.D. *Journal of State Medicine* (London), 38:655-65, November, 1930.

The ideal industrial medical officer is chief human engineer to the worker.

Industrial medicine. Editorial, *Journal of American Medical Association*, 94:33-34, January 4, 1930.

Industrial medicine, The present status of. C. P. McCord, M.D. *American Medical Association Bulletin*, 25:11-26, January, 1930.

Objectives and standards; strength and weakness of industrial medicine today, and a suggested attitude for organized medicine toward it.

Industrial medicine and public health. W. I. Clark, Jr., M.D. *New England Journal of Medicine*, 202:1187-94, June 19, 1930. The Shattuck lecture delivered before the Mass. Medical Society, June 17, 1930.

Outlines present practice of industrial medicine and discusses its position in the community.

* See Bibliography for Industrial Nurses, *THE PUBLIC HEALTH NURSE*, October, 1930, for general reference, and for periodicals and reports which deal with Industry.

Industry's answer. P. K. Brown, M.D. Survey, 63:398-401, January 1, 1930.

How the Southern Pacific Railroad safeguards some 60,000 employees in sickness and health.

Industrial nurse in gear with the machinery for human adjustment. Violet H. Hodgson, R.N. American Journal of Public Health and the Nation's Health, 20:1323-27, December, 1930.

Her contribution within and outside the plant.

Industrial relations programs in small plants. National Industrial Conference Board, 1929.

A study of 4,409 plants employing less than 250 workers. The scope of the study includes the following industrial relations activities: Direct or indirect wages and financial incentives; housing; health and safety work; rest and recreation; organized training and education; employment relations; plant conveniences.

Legislative provisions on dangerous trades for minors. Monthly Labor Review (Washington, D. C.), November, 1930, p. 53.

Gives in tabular form the occupations or industries prohibited by state laws and the ages to which they apply. The occupations prohibited by rulings of state departments are not included in the table.

Medical care for 15,000 workers and their families. Niles Carpenter, Ph.D. A Survey of the Endicott-Johnson Workers Medical Service, 1928, with reports on certain phases of the organization by Nellis B. Foster, M.D., Ransom S. Hooker, M.D., and Michael M. Davis, Ph.D. Publication No. 5. The Committee on the Costs of Medical Care, 910 Seventeenth Street, N.W., Washington, D. C., September, 1930. 90 pp.

To provide complete medical service for its 15,000 workers and their dependents the Endicott-Johnson Corporation, one of the largest manufacturers of shoes and tanners of leather in the world, spent in 1928 nearly \$900,000, or \$21.81 per individual eligible to the service. The personnel of its medical unit included 28 physicians, 4 dentists, 67 trained nurses, and 32 technical and professional assistants. The present report describes this service and compares the medical facilities available and the extent to which they are used with the nature and extent of medical care under private practitioners in the community. It is hoped that this and similar reports to follow may indicate to what extent organization of facilities results in better and less expensive medical service for a community, industrial group, or other population unit. As in the case of other reports of the Committee on the Costs of Medical Care, an abstract of the full report has been prepared for more general distribution.

Mental hygiene in industry. Mental Hygiene News. Connecticut Society for Mental Hygiene, 8:1-4, April, 1929.

More people now live to old age. United States Daily, 5:2767, 2774, November 10, 1930.

Extension of average life expectancy has resulted almost altogether from saving infants, children and young adults. Number of persons who reach 70 and 80 is greatly in excess of former times, but there is no evidence that a particular individual can or does live longer now than before. Statement issued by State Department of Public Health, Illinois.

Monotonous job in an emotional crisis. Rex B. Hersey. University of Pennsylvania Personnel Journal, 9:290-96, December, 1930.

"The study of an extreme case helps in understanding those emotional reactions which less obviously but just as truly characterize the relations of normal men to their work."

Nurse in industry from the point of view of medical service. W. A. Sawyer, M.D. Industrial Doctor, 7:159-62, November, 1929.

Analysis of qualifications for the successful nurse in industry. Attractive personality and sound judgment are two of the fundamental needs.

Nurses can help in your safety program. Arthur S. Johnson. National Safety News, 22:46, 48, August, 1930.

Team work between industrial nurse and safety engineer will lower the number of accidents.

Practice of medicine in industry. H. W. Stevens, M.D. New England Journal of Medicine, 203:972-87, November 13, 1930.

A "confession of faith" of a devotee of industrial medicine.

Psychology of accidents. G. H. Miles. Journal of National Institute of Industrial Psychology, 5:183-92, October, 1930.

Statistics show that 15,000 are killed and a million injured in a year by accidents. Topics discussed are: Material and human cause of accidents; individual liability to accident; safety work in American transport companies; effects of re-training; accident proneness and general efficiency; tests for accident liability; types of test described; position of controls; methods of signalling. Author thinks the human being is the central factor, and if a scientific study of his reaction to his environment be made, and the results applied in practice, some reduction in the appalling number of accidents would take place.

Sickness among industrial employees. D. K. Brundage. U. S. Public Health Reports, 45:107-16, January 17, 1930.

Frequency of disability lasting longer than one week from important causes

among 163,000 persons in industry in 1928, and a summary of the morbidity experience from 1920-28.

Traumatic neurosis from the industrial point of view. N. J. Slater, M.D. N. Y. State Journal of Medicine, 30:205-10, February 15, 1930.

Contends that the solution of traumatic neurosis is for the most part industrial and not medical.

What o'clock is it in industrial hygiene? Frank L. Rector, M.D. American Journal of Public Health, 19:1327-33, December, 1929.

INDUSTRIAL NURSING ARTICLES IN PUBLIC HEALTH NURSE, 1930

Bibliography, p. 548, October.

A health program for community and industry. Belle Fuller, R.N. p. 9, January.

How the official health organization can aid the nurse in industry. W. W. Bauer, M.D. p. 382, July.

The industrial nurse and fatigue. Emily P. Osborne, R.N. p. 555, November.

Industrial nurse's contribution to the Safety Program. (Policies and Problems of Public Health Nursing) p. 221, April.

Industrial nursing service provided by a public health nursing association. Erna Kowalke. p. 615, December.

N.O.P.H.N. Industrial nurses' section. (Organization Activities) pp. 351, 409, 640, July, August, December.

Nomination of officers of N.O.P.H.N. Section. (Organization Activities) p. 162, March.

Nurses in commerce and industry. Louise M. Tattershall. pp. 147, 194, 572, 633, March, April, November, December.

Practical suggestions for nurses in industry. W. J. McConnell, M.D. p. 509, October.

Questions and answers. (Problems and Policies) pp. 45, 221, January, April.

Record keeping and the industrial nurse. Marion Page, R.N. p. 323, June.

Salvation through work—the Altro Workshop. Edward Hochhauser. p. 144, March.

Selling proper nutrition to industrial workers. Laura Comstock, M.A. p. 406, August.

Timely suggestions. (Problems and Policies). John F. Kenny, M.D. p. 222, April.

FILMS AND POSTERS

The National Cash Register Company, Dayton, Ohio, has a series of motion picture films for disseminating health education.

A loan service of mechanical models, films, slides, wall pamphlets and posters depicting health principles is maintained by the Department of Public Health, Illinois.

Display posters on health subjects may be obtained from the Division of Industrial Hygiene of the New York City Health Department, 505 Pearl Street. These posters, fifty-two in number, purpose to cover the field of health education.

The Sixteen Important Rules of Hygiene are issued on a card by the United States Public Health Service, the National Health Council and the Life Extension Institute.

Clara Cleans Her Teeth is the title of a new film 16 mm. narrow gauge stock, on dental hygiene available from the New York State Department of Health for free use within the state. Applications for its use should be addressed to the Supervisor of Exhibits, State Department of Health, Albany, N. Y.

A Practicable School Health Program by Daniel J. Kelly, Superintendent of Schools, Binghamton, N. Y., and Effie F. Knowlton, director of the school health program, has been issued by the Metropolitan Life Insurance Company, revised to 1930. *Health*, the first Objective in Education, has also just been printed by the Metropolitan Life Insurance Company's Welfare Division.

An industrial nurse's bulletin is the new project of the Committee on Industrial Hygiene of the New York Tuberculosis and Health Association, 244 Madison Avenue, New York City. The committee itself is an attempt to correlate the activities of all those in New York City serving in the field of industrial medicine. The bulletin will be issued monthly. Industrial

nurses are invited to submit their problems to the editor.

The Stethoscope is a news-letter of the Industrial Health Division of the National Safety Council, Chicago, mailed monthly to approximately 2,000 physicians and nurses who are serving the industrial plants which are members of the National Safety Council. Abstracts of articles from various publications, and other information of interest to those in the field of industrial health are featured.

A new handbook on cancer entitled *What Everyone Should Know About Cancer*, written for the layman, but equally of value to the nurse, has just been issued by the American Society for the Control of Cancer at 25 West 43rd Street, New York City.

This handbook summarizes our present knowledge of cancer, its prevention, symptoms and control, and answers many of the perplexing questions which lay people continually ask nurses about this disease. Because of its cost it is not supplied for quantity distribution, but it will gladly be sent to nurses particularly interested in cancer, and to nurses who teach classes. The Society also issues other free booklets on cancer for distribution in reasonable quantities. A list of these and a sample set are available.

The sixth publication of the Committee on the Costs of Medical Care is a summary of the *Cancer Program of Massachusetts* by George H. Bigelow, M.D.

The seventh and eighth of the series have just been received and are entitled *Medical Care in Middletown*, by Robert S. Lynd and Helen Merrell

Lynd, and *The Need of Hospitals for Competent Directors* by Michael M. Davis.

The United States Department of Labor, Women's Bureau, Washington, D. C., issues a series of eighty-two pamphlets dealing with women in industry. These pamphlets are sent free on request. Bulletin 81 includes both men and women in a study of industrial accidents.

The Foreign Language Information Service, 222 Fourth Avenue, New York City, has reliable information on immigration and naturalization laws and procedure through the two following publications: *Handbook for Immigrants to the United States* by Marion Schibsy (in paper, 180 pages, single copies 60c, five or more copies, 45c each) and *How to Become a Citizen of the United States*, revised edition. (In paper 47 pages, single copies 25c, twenty-five or more copies, 20c each.)

Prenatal Care. Publication No. 4, Children's Bureau, U. S. Department of Labor, Washington, D. C. Revised July, 1930. Seventy-one pages, illustrated. In this new edition *Prenatal Care*, one of the earliest of the Children's Bureau publications, has been completely revised. Its purpose is to describe the care the pregnant woman needs to preserve the happiness, health, and life of the mother and child.

The National Committee for Mental Hygiene is distributing a *Complimentary Package of Mental Hygiene Information* containing introductory pamphlet material and reading references in this field. A three-cent stamp sent to the National Committee at 370 Seventh Avenue, New York City, will bring a package.

NEWS NOTES

The final session of Section I (Medical Service) of the White House Conference on Child Health and Protection will take place in Washington, D. C., February 19-21. Dr. Samuel McC. Hamill is chairman of this section. The preliminary program follows:

Thursday, Feb. 19, 9:00 A.M. Opening session of all committees, the chairman of the section presiding. Address of welcome, Ray Lyman Wilbur, M.D., chairman of the Conference.

COMMITTEE A—GROWTH AND DEVELOPMENT
KENNETH D. BLACKFAN, M.D., CHAIRMAN

Thursday, Feb. 19, 9:30-11:00 A.M. *General Considerations*—Edwin Bidwell Wilson, Ph.D. Definition of terms, use of statistical procedure, heredity, the well born child, the significance of different age levels, the influence of climatic factors and socio-economic circumstances.

11:00 A.M.-1:00 P.M. *Anatomical Considerations*—Richard E. Scammon, Ph.D.

2:30-4:30 P.M. *Physiological Considerations*—A. J. Carlson, M.D., Sc.D. Physiological adjustment, temperature regulation, fatigue, sleep, and prematurity as they directly bear upon the practical problem of child health.

Friday, February 20, 2:00-3:30 P.M. *Appraisal of the Child. Physical Status*—T. Wingate Todd, M.B., F.R.C.S.

3:30-5:00 P.M. *Mental Status*—Douglas A. Thom, M.D. The development of intelligence and its measurement by tests of various types.

8:00 P.M. *Nutrition*—Lafayette B. Mendel, Ph.D., Sc.D. Certain general considerations as to sources and supply of food substances as well as the individual food constituents.

COMMITTEE B—PRENATAL AND MATERNAL CARE
FRED LYMAN ADAIR, M.D., CHAIRMAN

Thursday, February 19, 9:30-11:30 A.M. *Prenatal, Maternal and Early Infant Care*—John Osborn Polak, M.D. Consideration of methods for consecutive, prenatal, intranatal and postnatal care for institutional and home cases of different racial groups in urban and rural communities.

11:30 A.M.-12:30 P.M. *Interested Organizations*—Robert D. Mussey, M.D. Presentation of accomplishments and programs of various national organizations having activities related to prenatal and maternal care.

2:00-5:30 P.M. *Factors and Causes of Fetal, Early Infant and Maternal Morbidity and Mortality.* Hugo Ehrenfest, M.D.

Friday, February 20, 9:00-10:15 A.M. *Obstetric Teaching and Education of Midwives*—James Robert McCord, M.D.

10:15-11:30 A.M. *Obstetric Teaching and Education of Nurses and Nursing Attendants*—George W. Kosmak, M.D. Report and recommendations relative to the teaching and education necessary to insure adequate nursing service to mothers and infants in homes and institutions.

11:30 A.M.-12:30 P.M. *Teaching and Education of the Laity and Social Workers*—Robert L. DeNormandie, M.D. Report and recommendations regarding the subject matter and methods of instructing the laity and the stating of what, how and by whom the social workers should be taught the problems relating to mothers and new born infants.

9:00 A.M.-12:30 P.M. *Basic Sciences and Their Relation to Maternal and Fetal Problems*—Leslie B. Arey, Ph.D.

2:00-5:30 P.M. *Obstetric Teaching and Education of Physicians.*

COMMITTEE C—MEDICAL CARE FOR CHILDREN
PHILIP VAN INGEN, M.D., CHAIRMAN

Thursday, February 19, 9:30 A.M.-1:00 P.M. *Convalescent Care*—Adrian V. S. Lambert, M.D. Types of institutional buildings; classes of patients received; length of stay; professional staff (services and responsibilities), etc.

Foster Homes for Convalescence—Ida M. Cannon, R.N.

9:30 A.M.-1:00 P.M. *Psychiatry and Psychology*—Bronson Crothers, M.D.

9:30 A.M.-1:00 P.M. *Orthopedics and Body Mechanics*—Robert Bayley Osgood, M.D.

9:30 A.M.-1:00 P.M. *Nursing*—Stella Goostray, R.N. The functions of the nurse in the care of children; preparation—personal qualifications and general education, preparation in general courses of nursing, postgraduate instruction in pediatric nursing, postgraduate course in public health nursing, adequacy of services rendered by nurses—as judged by physicians, public health nursing agencies in cities, small towns, and rural areas. Conclusions and recommendations.

2:30-5:00 P.M. *Hospitals and Dispensaries*—Clifford G. Grulee, M.D. (Lantern Slides.)
 8:00 P.M. *Preventive Measures*—Philip Van Ingen, M.D. Attitude of physicians, hospitals and dispensaries, and health centers toward; health examinations of children, vaccination against smallpox, immunization against diphtheria. Attitude of parents toward these procedures.

Report on a National Survey to Determine the Extent to which Preventive Medical and Dental Services Reach Preschool Children—(Lantern Slides.) George T. Palmer, Dr.P.H.

Friday, February 20, 9:30 A.M.-12:30 P.M. *Pediatric Education*—Borden S. Veeder, M.D.

2:15-5:00 P.M. *Medical Social Service*—Ida M. Cannon, R.N. Extent and distribution; functions of medical social service worker; integration of social and medical work; relation to public health nursing activities; adequacy of present personnel; number and training; training facilities; educational facilities.

2:15-5:00 P.M. *Health Centers*—J. H. Mason Knox, Jr., M.D., and Mrs. Berthold Strauss. Types of organization, county, city, public and private; clientele served; relation to other health agencies, hospitals, dispensaries, county health programs, gaps in the service.

Relation of the Nutritionist to the Health Program—Lucy H. Gillett, M.A.

2:15-5:00 P.M. *Dentistry and Oral Hygiene*—Percy R. Howe, D.D.S., D.Sc.

Saturday, February 21, 9:30 A.M. Joint Session of All Committees—Presiding, Ray Lyman Wilbur, M.D., Chairman of the Conference.

Summaries of Findings and Recommendations of Committees A, B and C. These summaries are to indicate as far as is possible the gaps that exist in present procedures and suggestions as to how these gaps may be filled in order to bring about a well-rounded nation-wide child health program.

A meeting of the State Co-operative Health Committee was called on December 30th by Dr. Lillian Smith, Director of Michigan Bureau of Child Hygiene and Public Health Nursing, for the purpose of discussing certain legislation relating to Mother and Child Care now under consideration of the present Congress.

The following points represent the unanimous conclusions of the conference:

The urgency of federal aid for maternity and infancy hygiene administered by the Children's Bureau.

The necessity for a rural health service program under the United States Public Health Service.

H.R. 12995 (with the companion bill S. 4738) as the bill which combines both desired objectives.

S. 255 as the bill embodying the only acceptable minimum: That is, federal aid for maternity and infancy hygiene administered by the Children's Bureau.

The supreme importance of retaining the administration of the maternity and infancy hygiene activities in the Children's Bureau.

The group in conference urged immediate action by the present Congress. Representatives of the following Michigan organizations were represented:

State Federation of Women's Clubs.
 Division of American Association for University Women.
 Congress of Parents and Teachers.
 Child Study Association.
 League of Women Voters.
 The Woman's Benefit Association (Health Department).
 State Nurses' Association.
 Legislative Council of Michigan Women.
 State Department of Health.

A course of lectures on Heart Disease and its Medical and Social Treatment is being arranged by the Committee on Cardiac Clinics of the New York Tuberculosis and Health Association, to be given every Thursday at four o'clock from January 29th to April 9th at 99 Park Avenue, New York City.

The course is being offered to meet requests of cardiac social workers, social workers, and public health nurses for scientific information which would help in handling the baffling family and social problems presented by diseases of the heart.

Application for admission (there is no fee) can be made to Mrs. K. Z. Whipple, Secretary, Health Education, New York Tuberculosis and Health Association at 244 Madison Avenue.

In honor of the thirty-fifth anniversary of the American Nurses' Association a membership drive will be conducted throughout the country, the objective being 100,000 members by September 2.

A 20 per cent increase is all that is needed to reach this great objective. In December, 1930, the membership of the American Nurses' Association totaled more than 86,000 and so, by increasing this number one-fifth, the total of a hundred thousand can be reached and passed. Quotas have been assigned to every state and they, together with full details of the campaign are published in the January issue of the *American Journal of Nursing*.

An award will be made to that state and that district making proportionately the greatest gain in membership during the period of the campaign. September 2 has been selected as the closing date because it was on that day in 1896 that a group of nurses from 12 alumnae associations met with representatives of what is now the

National League of Nursing Education, and set in motion the machinery needed to organize a national association of nurses. A record of campaign progress will appear monthly in the *American Journal of Nursing* and this magazine.

There are two types of non-member nurses to be reached in this membership drive, the graduating senior of the class of '31, and the older nurse who has not yet discovered how much the American Nurses' Association can mean to her or how much she can mean to her organization.

Two Kennedy Field Fellowships of \$600 each will be awarded to practicing social workers (public health nurses included) who are eligible for admission to the New York School of Social Work for a period of study covering not less than two consecutive quarters, or six months. These fellowships may be used during the Summer Quarter if satisfactory field work arrangements can be made. From these fellowships, \$85 tuition must be paid to the School at the beginning of each quarter. Application should be filed before April 9, 1931. For further information address the Registrar of the School, 105 East 22d Street, New York City.

The Cooper bill, H.R. 12995, which was not passed by Congress last spring, is to come up during the present session. This bill provides for federal aid in maternity and infancy work throughout the country. The bill has been accepted by the U. S. Public Health Service, Children's Bureau, and has the President's approval.

An all-day and evening conference on mental hygiene in industry was held in Boston, January 22, under the auspices of the Personnel Research Federation and the Massachusetts Society for Mental Hygiene. The following subjects show the practical tone of the meetings: Picking the worker; Fitting the worker to the job; Keeping the worker on the job.

The Department of Biology and Public Health of the Massachusetts Institute of Technology in Cambridge announces a scholarship for public health nurses in Health Education to be awarded the next academic year. The scholarship will carry full tuition and is open to those wishing to prepare themselves for professional work in health education. The scholarship is to be awarded before the last day of July, 1931, upon the basis of previous academic record, professional accomplishment in the field of health education, need, and likelihood of future contribution to health education. This is the second time this scholarship has been offered to public health nurses.

Those wishing to apply for this scholar-

ship should send at once for application blanks to the General Director of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City. Applications close May 15, 1931. Candidates must be high school graduates. Special preference will be given to those who have had some college training in sciences, such as biology, physiology and bacteriology.

The New England Health Institute will be held in Portland, Maine, April 20-25, 1931.

The New England Division of the American Nurses Association will hold a joint session with those attending the Institute on the evening of April 23 and continue separate meetings on the 24th and 25th.

The Michigan Board of Registration of Nurses will hold an examination for graduate nurses in Lansing March 5 and 6, 1931. An examination for trained attendants will be held on the same dates.

The sixteenth annual meeting and banquet of the New England Industrial Nurses Association was held on Saturday, January 10, at the Twentieth Century Club in Boston.

Two corrections in the Official Directory published in January are:

Under American Red Cross—Connecticut, Sarah R. Addison, R.N., Director of the State Bureau of Public Health Nursing, acts as Red Cross Nursing Field Representative for the State and not Cecilia Houston, as published.

The title of Mrs. Mary D. Davis of the New Hampshire State Department of Health should have read Director Maternity and Child Hygiene Division, and Supervising Nurse with the New Hampshire State Board of Health.

APPOINTMENTS

(For Joint Vocational Service Appointments see page 92)

Dorothy Halbert, formerly on the staff of the Menninger Neuropsychiatric Hospital, Topeka, has been appointed executive secretary, Kansas Mental Hygiene Society, succeeding Stella Pearson, resigned.

Selma Hertsgaard, formerly public health nurse, Steele County, Finley, N. D., has been employed jointly by the school board and the Verden Chapter, A.R.C., Verden, Ill.

Elinor Schinck, formerly of the Henry Street Visiting Nurse Service, is now in charge of preschool work, Greenwich House, New York City.

Hilda Burrowes as staff nurse, Division of Child Hygiene and Public Health Nursing, State Department of Public Health, Illinois.

Mrs. Beulah Osborn France, R.N., has become a member of the Professional Service Department of E. R. Squibb and Sons, New York City.



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